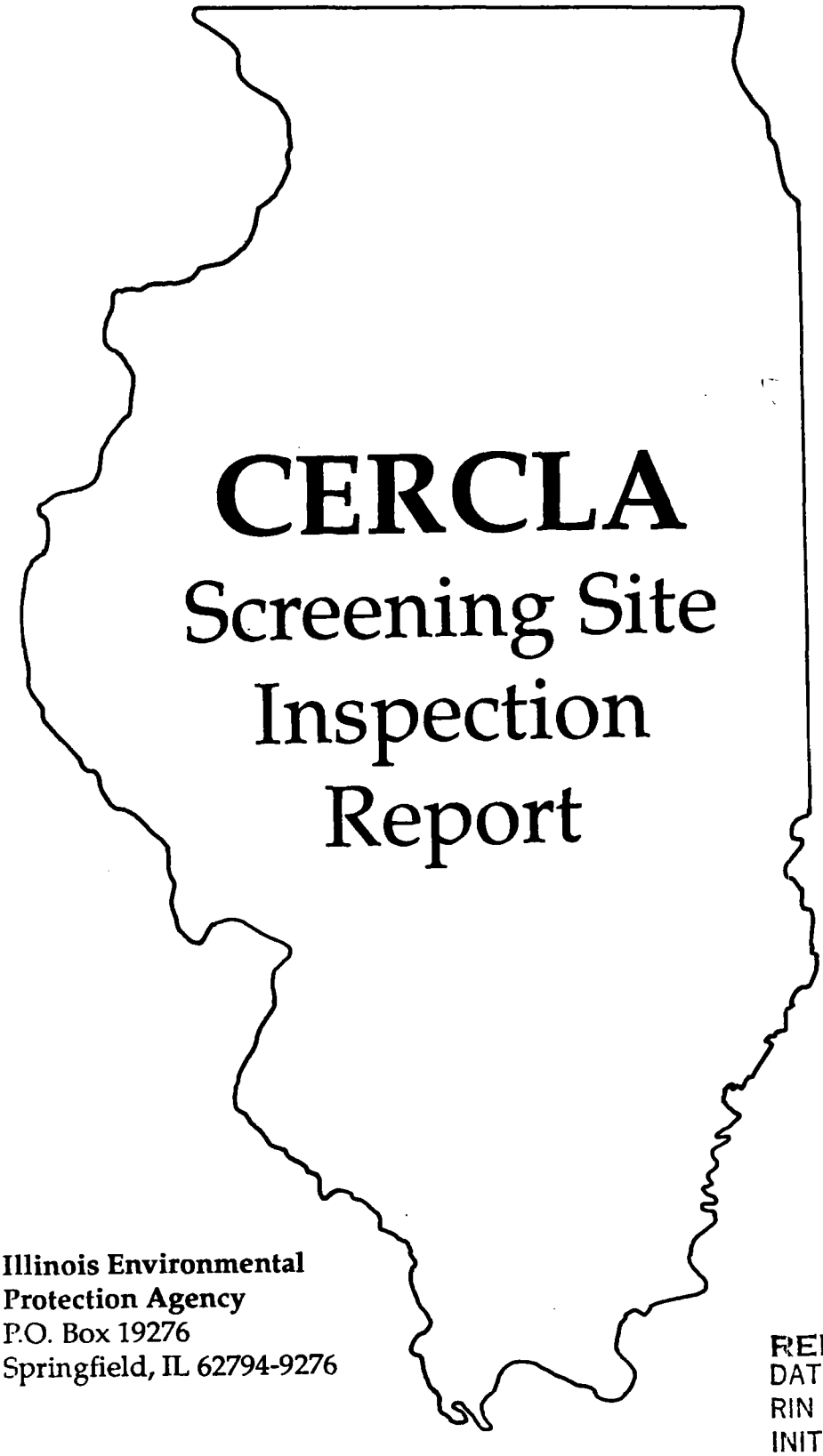
L1970000000 -- Will County
New Lenox Public Well #4
ILD 981956469
SF/HRS
Volume 1 of 2



CERCLA
Screening Site Inspection Report

Illinois Environmental Protection Agency
P.O. Box 19276
Springfield, IL 62794-9276

Illinois Environmental Protection Agency · P.O. Box 19276, Springfield, IL 62794-9276

October 4, 1990

Alan Altur
Program Support Unit
Pre-Remedial Unit
U.S. Environmental Protection Agency
230 South Dearborn
Chicago, Illinois 60604

Dear Mr. Altur:

Please find enclosed a copy of the revisions for the New Lenox Public Well #4 screening site inspection (SSI), ILD 981956469. These revisions have addressed all the comments contained within the letter received on August 27, 1990. Please replace the old page 2-1 and SSI form Section 10 with the new revisions.

Should you have any questions or additional comments concerning the enclosed documents, please feel free to call Greg Dunn at 217/782-6760.

Sincerely,

for Thomas Crause
Pre-Remedial Program Manager
State Site Management unit
Remedial Project Management Section
Division of Land Pollution Control

cc: Division File
Maywood Region
Fred Martinez

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1. INTRODUCTION

Illinois Environmental Protection Agency's Pre-Remedial Unit was tasked by the United States Environmental Protection Agency (U.S.EPA) to conduct a screening site inspection of the New Lenox Public Well #4.

The site was added to CERCLIS (Comprehensive Environmental Response, Compensation and Liability Information System) by the Illinois EPA in April of 1987 after repeated sampling confirmed the presence of volatile compounds. The site was evaluated in the form of a Preliminary Assessment (PA) that was completed by Jeanine Morse of the Illinois EPA on May 18, 1987 and submitted to U.S.EPA. IEPA's Pre-Remedial Unit prepared a screening site inspection (SSI) work plan for the New Lenox Public Well site that was approved by U.S.EPA. The SSI was conducted on March 28 and March 29, 1989 with the collection of eleven samples (five groundwater and six soil).

The purposes of an SSI have been stated by U.S.EPA in a directive outlining Pre-Remedial program strategies. The directive states:

> All sites will receive a screening SI to 1) collect additional data beyond the PA to enable a more refined preliminary HRS [Hazard Ranking System] score, 2) establish priorities among sites most likely to qualify for the NPL [National Priorities List], and 3) identify the most critical data requirements for the listing SI step. A screening SI will not have rigorous data quality objectives (DQOs). Based on the refined preliminary HRS score and other technical judgement factors, the site will then either be designated as NFRAP [no further remedial action planned], or carried forward as an NPL listing candidate. A listing SI will not automatically be done on these sites, however. First, they will go through a management evaluation to determine whether they can be addressed by another authority such as RCRA [Resource Conservation and Recovery Act]... Sites that are designated NFRAP or deferred to other statutes are not candidates for a listing SI.

The listing SI will address all the data requirements of the revised HRS using field screening and NPL level DQOs. It may also provide needed data in a format to support remedial investigation work plan development. Only sites that appear to score high enough for listing and that have not been deferred by another authority will receive a listing SI (U.S. EPA 1988).

U.S.EPA Region V has also instructed IEPA to identify sites during the SSI that may require removal action to remediate an immediate human health and/or environmental threat.

2. SITE BACKGROUND

2.1 INTRODUCTION

This section includes information obtained from the SSI work plan preparation.

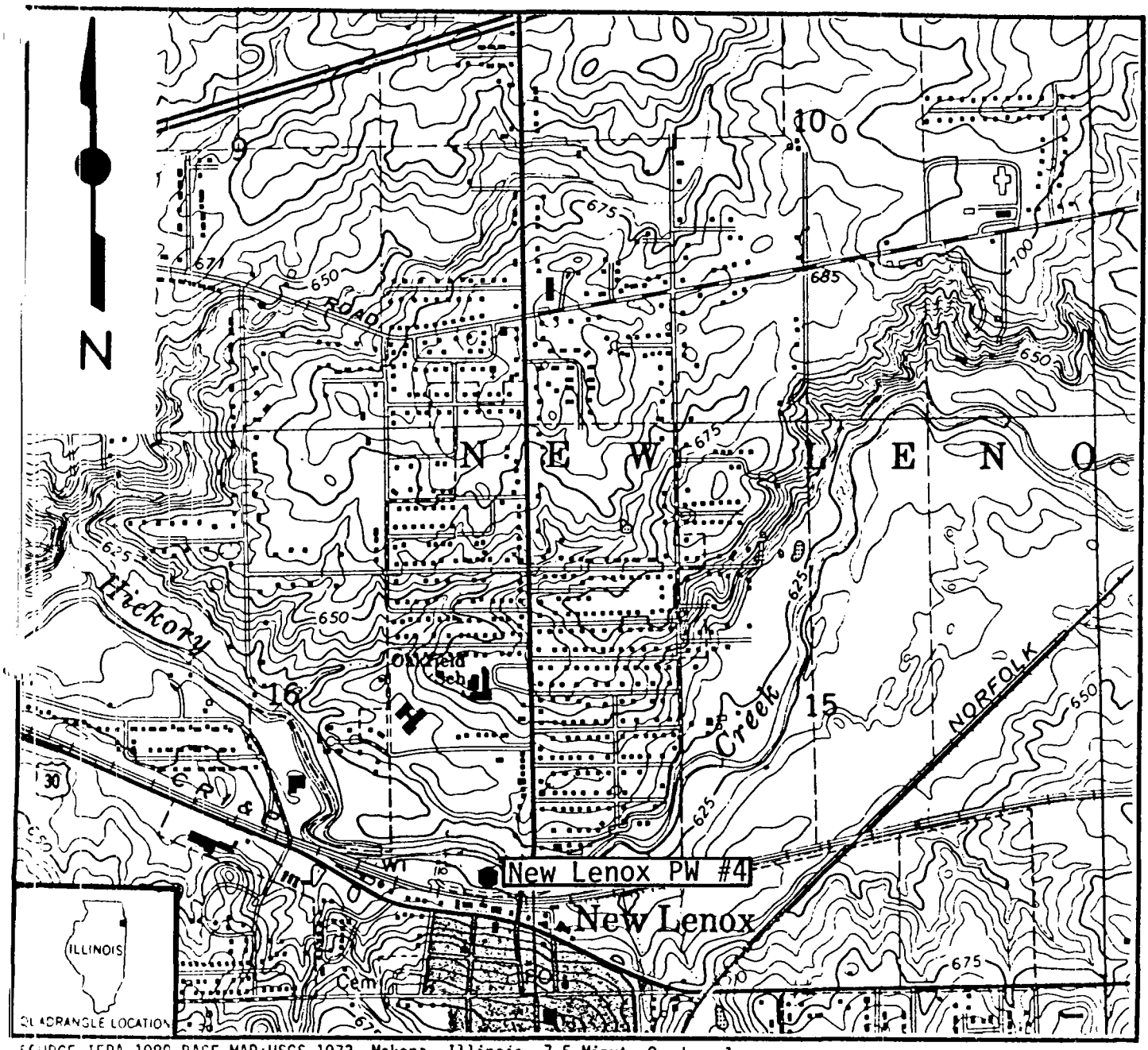
2.2 SITE DESCRIPTION

The New Lenox Public Water Supply system, which consists of three wells (#2, #3, and #4), serves a population of 5,167 residents (IEPA, PWS, 1989). The New Lenox Well #4 is currently used in emergency situations and during peak water use periods, with water pumped from the well mixed with water from Wells #2 and #3. The New Lenox Wells #2 and #3 are located approximately one mile south of Well #4 and samples from these two wells indicate no contaminants at this time.

Well #4 is located behind a retail shopping building on a commercial parcel of land that intersects Cedar Road and Route 30 (also called Maple Street) in New Lenox, Illinois (SE 1/4, Section 16, T.35N., R.11E., see Figure 2-1). A 4-mile radius map for groundwater use in the New Lenox area is provided in Appendix A.

2.3 SITE HISTORY

The New Lenox Public Well #4, open to the Silurian (Niagaran Series) Dolomite aquifer, was drilled by Wehling Well Works (Beecher, IL) to a depth of 300 feet. The well is cased with 10.8 inch steel pipe from land surface to



SOURCE IEPA, 1989. BASE MAP: USGS 1973, Mokena, Illinois, 7.5 Minute Quadrangle.

FIGURE 2-1 SITE LOCATION

57 feet (cemented in at this depth) and is an open 10 inch diameter hole from 57 feet to 300 feet (ISWS Bulletin 60-29). Table 2-1 summarizes the driller's log and geology of well #4.

TABLE 2-1

Driller's Log:

Stratigraphy	Thickness (ft)	Depth (ft)
Drift	12	12
Lime	282	294
Shale	6	300

IEPA's Pre-Remedial Unit became involved with the New Lenox Well #4 investigation when repeated sampling by Agency personnel and a private consulting firm (hired by the Village of New Lenox) detected organic contamination. (Table 2-2 summarizes the dates, concentrations and compounds found in Well #4). The private consulting firm (Donohue & Associates, Inc.) determined through sampling that the highest concentration of contaminants were found when Well #4 was pumping at capacity and the lowest concentrations were found when the well had been idle for a period of time.

The investigation completed by the Illinois Environmental Protection Agency at Well #4 may not have found the exact source of contamination, but geologic and hydrologic data generated during the process has helped to pinpoint a direction of contaminant migration.

TABLE 2-2

Sample Date	1,1-Dichloroethene	Trans-1,2-Dichloroethene	Trichloroethene	1,2-Dichloroethane	Chloroform	Benzene
July 3, 1985	15.6 ug/l		60 ug/l			
June 24, 1986			105 ug/l	4 ug/l	15 ug/l	2 ug/l
August 27, 1987		16 ug/l	24 ug/l			
September 14, 1987			95 ug/l	38 ug/l		3 ug/l
October 22, 1987		33 ug/l	103 ug/l			
October 28, 1987		29 ug/l	78 ug/l			Trace
February 17, 1988		2 ug/l	6 ug/l			
May 11, 1988		2 ug/l	3 ug/l			
November 4, 1988			6 ug/l			
March 29, 1988		20 ug/l	30 ug/l			Trace

3. SCREENING SITE INSPECTION PROCEDURES AND FIELD OBSERVATION

3.1 INTRODUCTION

This section outlines procedures and observations of the SSI at the New Lenox Public Well #4, including monitor well installation. Individual subsections address the site representative interview, reconnaissance inspection, monitor well installation, monitor well data and sampling procedures. The SSI was conducted in accordance with the U.S.EPA-approved work plan.

The U.S.EPA Potential Hazardous Waste Site Inspection Report (Form 2070-13) for the New Lenox Public Well #4 is provided in Appendix B.

3.2 SITE REPRESENTATIVE INTERVIEW

Greg Dunn of the IEPA conducted an interview with Mr. Art Benner, Director of Public Works for the Village of New Lenox, Illinois. The interview was conducted to inform Mr. Benner of IEPA's intentions concerning the installation of three monitor wells to determine groundwater flow, local geology and the extent of contamination. The interview began at 10:30 a.m. in Mr. Benner's office and concluded at 11:15 a.m. at the New Lenox Public Well #4.

Other interviews and telephone conversations were conducted with Mr. Ron Sly and Mr. Russ Loebe from the Village of New Lenox. However, these conversations did not reveal any new information or ideas on the potential source(s) of contamination.

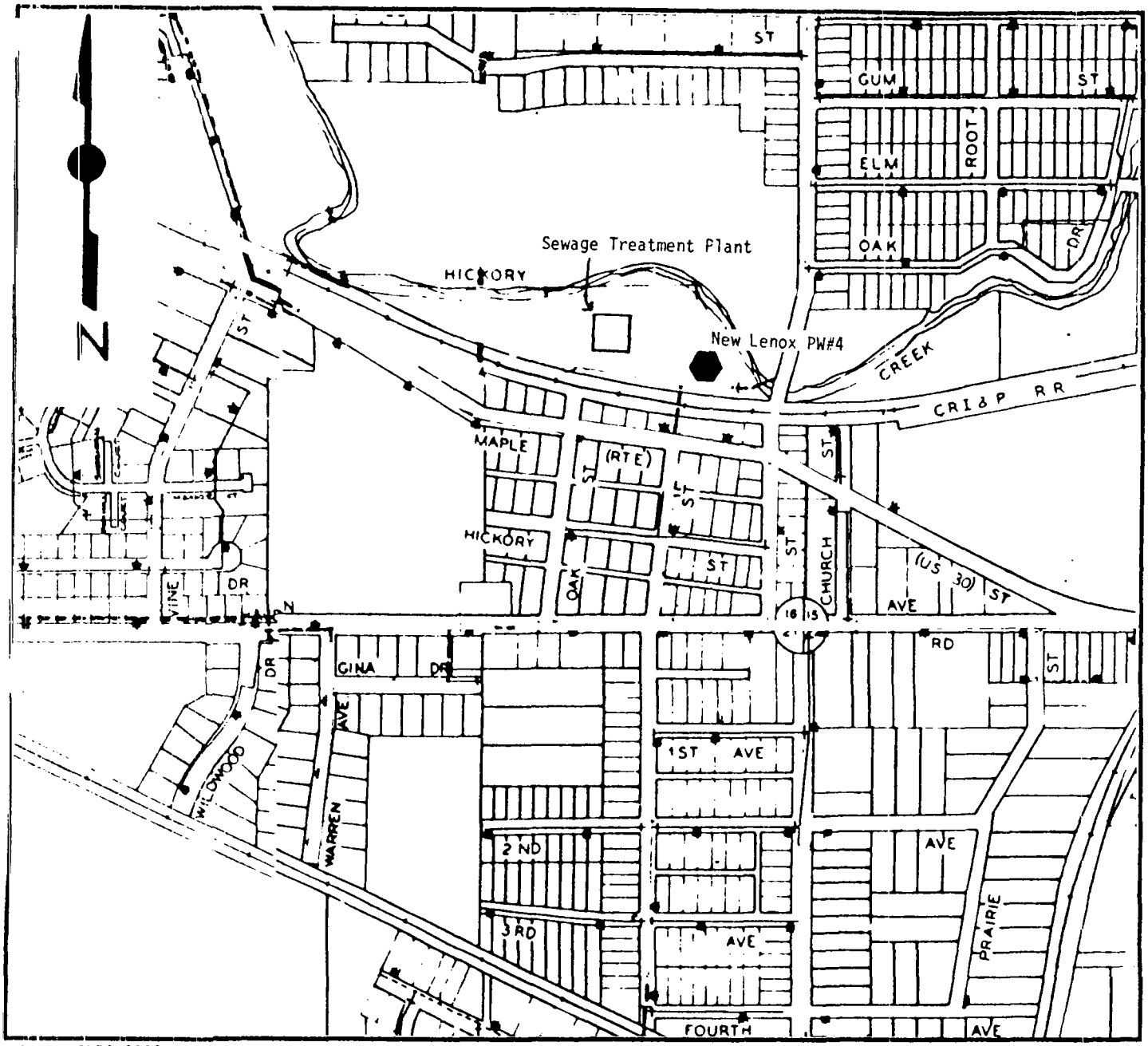
3.3 RECONNAISSANCE INSPECTION

IEPA personnel conducted a reconnaissance inspection of the New Lenox Public Well #4 and surrounding area on March 22, 1988. The reconnaissance inspection included a walk around the New Lenox property and surrounding areas to identify three potential locations for monitor wells. The inspection also determined appropriate health and safety requirements and locations for five soil samples.

Reconnaissance Inspection Observations. The New Lenox Public Well #4 is located south of Hickory Creek and just west of Cedar Road in New Lenox, Illinois. Land use is primarily commercial to the east, south and west with a pasture to the north. The surface topography is from the south toward the north, draining into Hickory Creek. The New Lenox Well #4 is bordered on the north by Hickory Creek, on the east by Cedar Road, on the west by the New Lenox Sewage Treatment plant and on the south by the CRI&P Railroad (see Figure 3-1 for site details).

3.4 MONITOR WELL INSTALLATION

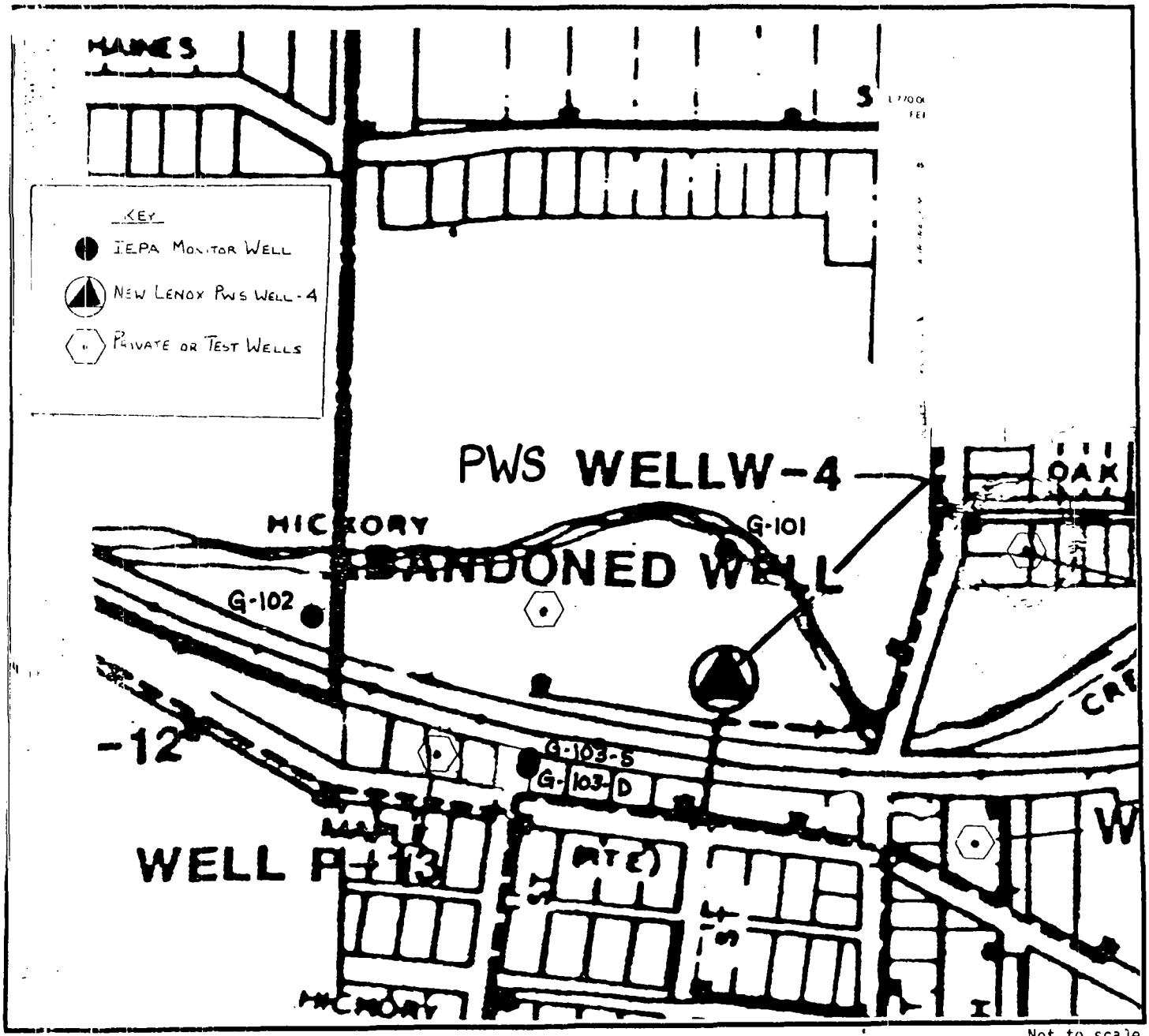
Groundwater monitor well installation began on May 3, 1988 with the drilling of G101, located approximately 200 feet north of Well #4 (see Figure 3-2 for monitor well locations). G101 was cored to a total depth of 62 feet, with the well screened from 57 to 62 feet. The casing was a Johnson type 304 stainless steel two inch diameter pipe with a cap, and a steel protective cover was placed over the casing. The protective covering was grouted in place and locked before departing the area.



SOURCE: IEPA, 1989.

Not to scale

FIGURE 3-1 SITE FEATURES



SOURCE: IEPA, 1989.

Not to scale

FIGURE 3-2 MONITOR WELL LOCATIONS

G1O2 installation began on May 12, 1988, with this well located on the west side of the sewage treatment plant, between Hickory Creek and the railroad. The well was cored to a total depth of 64.6 feet, with the well screened from 59.6 to 64.6 feet. The casing used was a Johnson type 304 stainless steel two inch diameter pipe with cap, and a steel protective cover was placed over the casing. The protective covering was grouted in place and locked before departing the well site.

G1O3S installation began on May 24, 1988, with this well located just east of the Speedway gas station and west of the New Lenox Travel Agency. This well was to be third deep well cored, but at fifteen feet a strong "gasoline" odor was detected. A shallow well was installed, with the well cored to a depth of 19.53 feet. The well was screened from 14.48 to 19.48 feet. The casing was a Johnson type 304 stainless steel two inch diameter pipe with a cap, and a steel protective cover was placed over the casing. The protective covering was grouted in place and locked prior to leaving the area.

G1O3D installation began on May 27, 1988 and is located next to well G1O3S. The well was cored to a depth of 73.1 feet, with the well screened from 67.35 to 72.35 feet. The casing was a Johnson type 304 stainless steel two inch diameter pipe with a cap, and a steel protective cover was placed over the casing. The protective covering was grouted in place and locked prior to departing New Lenox. Well logs for the four monitor wells are provided in Appendix C.

3.5 MONITOR WELL DATA

Groundwater elevations were measured on July 5, 1988, July 11, 1988, August 26, 1988, March 3, 1989 and March 28, 1989. The groundwater direction

map drawn from the data collected on August 26, 1988 indicated a cone of depression around the dewatering sump at the New Lenox Sewage Treatment plant construction site. (This sump was used to dewater pits, so that sewer tiles could be installed. The dewatering at the sewage plant affected the groundwater flow, thus only one groundwater map could be drawn.) The groundwater flow as reported by Donohue & Associates, Inc. (consultants hired by New Lenox) indicated a north northeast flow. These measurements were taken from private wells and the New Lenox Well #4 and are provided in Appendix D. The groundwater flow map and the groundwater measurements for the monitor wells installed near public well #4 are also provided in Appendix D.

3.6 SAMPLING PROCEDURES

Samples were collected by IEPA personnel to determine levels of U.S.EPA Target Compound List (TCL) compounds present at the site. The TCL is provided in Appendix E.

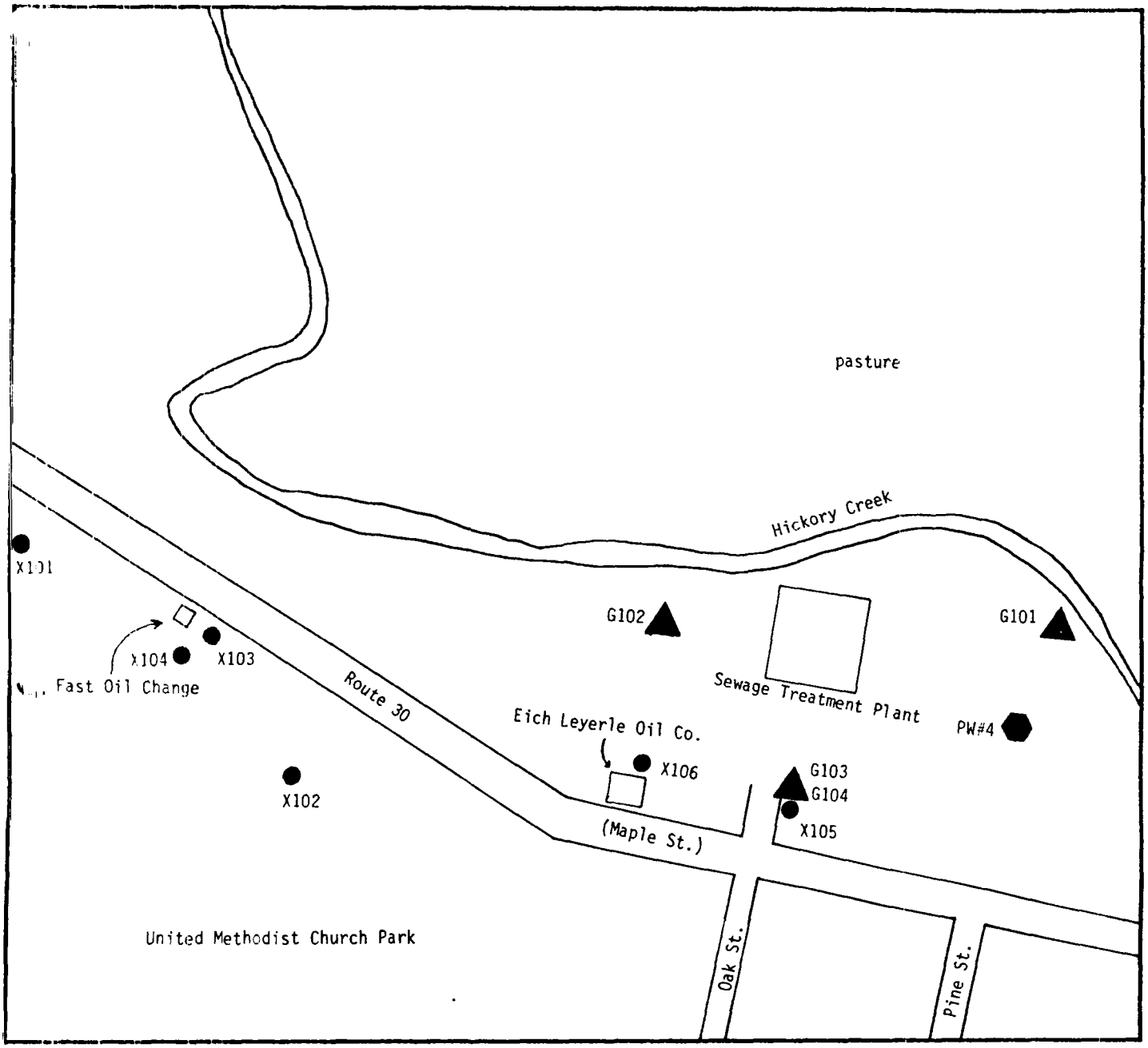
On March 28 and March 29, 1989, IEPA personnel collected five groundwater samples, one waste sample and five soil samples (see Figure 3-3 for the eleven sampling locations).

Groundwater Sampling Procedures. The four monitor well samples (indicated as G101, G102, G103 and G104 on Figure 3-2) and New Lenox Public Well #4 sample (indicated as PW #4 on Figure 3-2) were collected to determine if contaminants were migrating via groundwater. All monitor wells had five well volumes purged, with pH, conductivity and temperature measured before purging and prior to sampling. The wells were purged and sampled with a three foot teflon bailer and nylon cord. The total metals sample was field filtered with a Masterflex variable speed perstaltic pump and filter stand with cellulose

nitrate filters. After sample collection, preservatives were added to the appropriate bottles, evidence taped and packaged in accordance with U.S.EPA required procedures.

The New Lenox Public Well #4 tap, inside the wellhouse, was run for thirty minutes prior to sampling. (The well had been pumping for two days prior to our sampling inspection.) The pH, conductivity and temperature were measured after the start of the well and prior to sampling. The totals metal sample was not filtered for the Public well. After sample collection, preservatives were added to the appropriate bottles, evidence taped and packaged in accordance with U.S.EPA required procedures. All water samples were analyzed for the TCL by IEPA's Springfield lab (Organic analysis) and IEPA's Champaign lab (Inorganic analysis).

Soil Sampling Procedures. The five soil samples (see Figure 3-3) were collected to compare a background sample to potential sources of contamination. X101 was taken on the southeast corner of the former Danway Motors building (340 Maple Street), in a possible spill area. X102 was taken 70 yards south of Maple Street and 30 yards east of the flagpole in the United Methodist Church park. X102 was taken as the background bacause soil in this area appeared to be representative and undisturbed. X103 was taken from underneath a pipe on the east side of the Fast Oil Change business at 344 West Maple Street. This pipe led into a small creek that flows into Hickory Creek (this small creek is downstream from the Public Well). X104 was taken at the back of the Fast Oil Change shop, in an area of spills or tank leakage. X106 was taken from behind the Eich Leyerle Oil Company, 321 West Maple, in an area of empty drum storage.



SOURCE: IEPA, 1989. Not to scale.

▲ Monitor Wells
◖◗ Public Well
● Soil Samples

FIGURE 3-3 SAMPLING LOCATIONS

The soil samples were collected with stainless steel spoons from the surface to six inches, with the soil transferred directly into the sample jars. The sample jars were evidence taped and packaged in accordance with U.S.EPA required procedures. The IEPA samples were analyzed for the TCL by IEPA's Springfield lab (Organic analysis) and IEPA's Champaign lab (Inorganic analysis).

Waste Sample Procedure. One waste sample was collected to determine the concentration of contaminants in the shallow monitor well (G104 on Figure 3-3). X105 was the waste sample collected from the material found on top of the water table in the monitor well. The waste sample was collected with a three foot teflon bailer (dedicated to the well) and nylon cord. The waste material was then poured into jars, evidence taped and packaged in accordance with U.S.EPA required procedures. The sample was analyzed for the TCL by IEPA's Springfield lab (Organic analysis) and IEPA's Champaign lab (Inorganic analysis). Photographs for the New Lenox Public Well #4 are provided in Appendix F.

Decontamination Procedures. Standard Illinois Environmental Protection Agency decontamination procedures were followed prior to the collection of all samples. The procedures included the scrubbing of all equipment (bailers, spoons, pans, etc.) with a non-foaming Trisodium Phosphate solution, rinsing with hot tap water, rinsing with acetone, rinsing with hot tap water again and final rinsed with distilled water. All equipment is air dried, then wrapped and stored in heavy duty aluminum foil for transport to the field. Field decontamination procedures include all of the above except the hot water rinse.

4. ANALYTICAL RESULTS

4.1 INTRODUCTION

This section includes the analytical results of Target Compound List compounds from IEPA collected samples at the New Lenox Public Well #4.

4.2 ANALYTICAL RESULTS FROM IEPA COLLECTED SAMPLES

Chemical analysis of soil samples collected by IEPA personnel revealed the following substances: volatiles, pesticides, semi-volatiles, heavy metals, common laboratory artifacts and common soil constituents. Chemical analysis of the waste sample collected by IEPA personnel indicated the following substances: volatiles, semi-volatiles and heavy metals. Analysis of groundwater samples collected by the IEPA revealed the following substances: volatiles, pesticides, semi-volatiles, common laboratory artifacts and common groundwater constituents (see Table 4-1 for the summary of the sample results). Complete laboratory analytical data for groundwater, waste and soil samples are provided in Appendix H.

Trichloroethene and 1,2-Dichloroethene were the contaminants found in previous sampling results and were the compounds of concern at Well #4. The screening site inspection on March 29, 1989 found these contaminants in the public well and monitor well G101, with the monitor well having the highest concentrations. Monitor well G104 contained high levels of volatiles and semi-volatiles that may be associated with a leaking underground gas tank. The Illinois EPA's Leaking Underground Storage Tank Unit has been notified of the results from this well and is taking action against the responsible

Table 4-1

New Lenox Public Well #4
IL0981956469

ORGANIC ANALYSIS SUMMARY

All concentrations in ppb (parts per billion)

	Monitor Well Samples					Soil Samples					Waste Sample
SAMPLING POINT	G101 3-29-89	G102 3-29-89	G103 3-29-89	G104 3-29-89	PW#4 3-29-89	X101 3-29-89	X102 3-29-89	X103 3-29-89	X104 3-29-89	X106 3-29-89	X105 3-29-89
Volatiles											
Vinyl Chloride	24.0 DJ	--	--	--	--	--	--	--	--	--	--
Methylene Chloride	--	--	--	--	--	--	--	47.0	--	100.0 J	--
Acetone	27.0 DJ	--	16.0 J	--	--	--	11.0 J	13.0 J	--	--	--
1,1-Dichloroethene	0.7 DJ	--	--	--	--	--	--	--	--	--	--
1,2-Dichloroethene (total)	390.0 DJ	--	--	--	20.0 J	--	--	--	--	--	--
2-Butanone	50.0 R	10.0 R	10.0 R	--	10.0 R	190.0 J	14.0 R	12.0 R	4500.0 R	3.0 J	770000.0 R
Trichloroethene	730.0 D	--	--	--	30.0	--	--	--	--	--	--
Benzene	19.0 DJ	--	--	240000.0 D	1.0 J	--	--	--	1000.0 DJ	--	290000.0 DJ
Tetrachloroethene	--	--	--	--	--	11.0 J	--	--	--	--	--
Toluene	--	--	--	430000.0 D	--	1900.0	--	--	11000.0 D	--	640000.0 D
Ethylbenzene	--	--	--	2300000.0 D	--	--	--	--	6500.0 D	--	2800000.0 D
Xylenes (total)	--	--	--	11000000.0 D	--	8400.0	--	--	55000.0 D	--	14000000.0 D
Pesticides											
beta-BHC	--	--	--	--	--	--	--	--	665.0	--	--
Heptachlor	--	--	--	21.0	--	--	--	--	203.0	--	--
Aldrin	--	--	--	23.0	--	--	--	16.0	--	--	--
Heptachlor Epoxide	--	--	--	--	--	--	--	--	203.0	16.0	--
4,4'-DDE	--	--	--	--	--	--	29.0	--	--	--	--
Dieldrin	--	--	--	--	--	20.0	--	--	--	--	--
Endosulfan II	--	--	--	--	--	--	--	--	304.0	--	--
4,4'-DDT	--	--	--	--	--	--	19.0 J	--	--	--	--
Methoxychlor	--	--	--	--	--	--	--	212.0	--	--	--
alpha-Chlordane	--	--	--	--	--	--	--	--	287.0 J		
gamma-Chlordane	--	--	--	--	--	--	49.0 J	--	407.0 J	--	--
Semivolatiles											
2-Methylphenol	--	--	--	--	--	--	--	--	460.0 J	--	--
2-Methylnaphthalene	--	--	--	4300000.0	--	980.0 J	10.0 J	110.0 J	72000.0	240.0 J	4000000.0
Naphthalene	--	--	--	1700000.0	--	--	--	89.0 J	27000.0	91.0 J	1600000.0
Acenaphthene	--	--	--	180000.0 J	--	--	--	810.0 J	1900.0 J	--	--
Dibenzofuran	--	--	--	240000.0 J	--	--	--	410.0 J	--	--	210000.0 J
Fluorene	--	--	--	--	--	--	--	860.0 J	4000.0 J	--	260000.0 J
Diethylphthalate	--	--	--	--	--	--	32.0 J	--	--	--	--
Phenanthrene	--	--	--	590000.0 J	--	590.0 J	140.0 J	5690.0 J	17000.0	--	550000.0 J
Anthracene	--	--	--	--	--	--	37.0 J	1700.0 J	2300.0 J	--	80000.0 J
Di-n-butylphthalate	--	--	--	--	--	--	--	--	--	--	--
Fluoranthene	--	--	--	48000.0 J	--	--	200.0 J	3500.0 J	--	2700.0 J	--
Pyrene	--	--	--	--	--	990.0 J	190.0 J	7500.0 J		2400.0 J	--
Butylbenzylphthalate	--	--	--	--	--	44000.0 J	--	--	--	--	--
Bis(2-ethylhexyl)phthalate	--	--	--		--	9700.0 J	--	6400.0 J	31000.0 J	--	--
Chrysene	--	--	--	--	--	--	--	2500.0 J	--	1800.0	--
Benzo(a)anthracene	--	--	--	--	--	--			--	2100.0 J	--
Benzo(b)fluoranthene	--	--	--	--	--	--		--	--	2400.0 J	--

-- indicates compound analyzed for but not detected.

Table 4-1 (cont.)

New Lenox Public Well #4 INORGANIC ANALYSIS
ILD981956469 SUMMARY

	Monitor Well Samples					Soil Samples					Waste Sample
SAMPLING POINT	G101 3-29-89	G102 3-29-89	G103 3-29-89	G104 3-29-89	PW#4 3-29-89	X101 3-29-89	X102 3-29-89	X103 3-29-89	X104 3-29-89	X106 3-29-89	X105 3-29-89
PARAMETER											
ALUMINUM	158.00 B	--	196.00 B	529.00	169.00 B	7670.00	11080.00	6480.00	5890.00	6180.00	--
ANTIMONY	--	--	--	--	--	1.81 B	--	1.91 B	1.23 B	3.20	--
ARSENIC	--	--	--	8.00 B	3.00 B	4.25	7.78	8.30	6.50	35.30	1.80 B
BARIUM	28.00 B	84.00 B	63.00 B	122.00 B	33.00 B	150.00	124.00	117.00	118.00	233.00	0.38 B
BERYLLIUM	--	--	--	--	--	0.80	0.90	0.60 B	0.50 B	2.20	--
CADMIUM	1.30 B	1.80 B	--	1.30 B	--	68.00	--	4.00	3.40	7.60	--
CALCIUM	130600.00	101300.00	138500.00	162000.00	143100.00	32220.00	21600.00	37000.00	60500.00	35450.00	--
CHROMIUM	14.90	16.40	18.60	23.00	15.60	35.00	18.00	32.00	28.00	22.00	--
COBALT	21.60 B	2.60 B	4.70 B	4.20 B	--	--	11.00	--	--	--	--
COPPER	--	2.20 B	--	--	--	102.00	24.00	66.00	108.00	76.00	--
IRON	188.00	1084.00	134.00	9967.00	853.00	21460.00	22600.00	23000.00	17000.00	35240.00	22.80 B
LEAD	28.00	29.00	16.00	215.00	--	919.00	80.00	286.00	310.00	370.00	543.00
MAGNESIUM	54740.00	57420.00	68270.00	86600.00	59640.00	16960.00	12360.00	22300.00	32300.00	15060.00	--
MANGANESE	94.00	54.30	372.00	402.00	34.00	270.00	1427.00	220.00	370.00	540.00	0.90 B
MERCURY	--	--	0.10 B	--	--	--	0.09	--	--	0.12	--
NICKEL	30.50 B	10.30 B	16.30 B	19.00 B	--	19.00	20.00	20.00	19.00	17.00	--
POTASSIUM	4472.00 B	4443.00 B	4771.00 B	8165.00	4143.00 B	--	--	1230.00	890.00	--	--
SELENIUM	--	--	--	--	--	--	0.38	0.37 B	--	0.78	0.30 B
SODIUM	82500.00	74580.00	151700.00	158000.00	45020.00	--	--	1930.00	300.00 B	--	--
THALLIUM	--	--	--	--	--	0.15 B	0.38 B	0.37 B	0.32 B	0.60 B	--
VANADIUM	--	--	--	--	--	19.00	28.00	16.00	14.00	23.00	--
ZINC	--	--	--	15.00 B	--	625.00	109.00	770.00	610.00	896.00	--
SULFATE	186.00	96.00	139.00	90.00	212.00	--	--	--	--	--	--
Temperature (F)(1)	54.00	53.90	59.50	*	51.70						
Temperature (F)(2)	46.80	47.30	50.20	*							
pH (1)	6.95	7.03	7.20	*	7.09						
pH (2)	6.96	7.26	6.80	*							
Sp. Cond.(umhos)(1)	1347.00	1375.00	1600.00	*	1333.00						
Sp. Cond.(umhos)(2)	1650.00	1338.00	2050.00	*							
	(ug/l)	(ug/l)	(ug/l)	(ug/l)	(ug/l)	(mg/kg)	(mg/kg)	(mg/kg)	(mg/kg)	(mg/kg)	(mg/kg)

Note: * indicates the well did not have pH, conductivity and temperature measured due to visible contaminants on water.
(1) indicates measurement before purging process.
(2) indicates measurement before sampling.
-- indicates compound was analyzed for but not detected.

ORGANIC DATA QUALIFIERS

U - Indicates compound was analyzed for but not detected.

J - Indicates an estimated value. This flag is used either when estimating a concentration for tentatively identified compounds where a 1:1 response is assumed, or when the mass spectral data indicate the presence of a compound that meets the identification criteria but the result is less than the sample quantitation limit but greater than zero.

C - This flag applies to pesticide results where the identification has been confirmed by GC/MS.

B - This flag is used when the analyte is found in the associated blank as well as in the sample.

E - This flag identifies compounds whose concentrations exceed the calibration range of the GC/MS instrument for that specific analysis. This flag will <u>not</u> apply to pesticide/PCB's analyzed by GC/EC methods.

D - This flag identifies all compounds identified in an analysis at a secondary dilution factor.

A - This flag indicates that a TIC is a suspected aldol-condensation product.

X - Other specific flags and footnotes may be required to properly define the results. If used, they must be fully described and such description attached to the Sample Data Summary Package and the Case Narrative.

INORGANIC DATA QUALIFIERS

C (Concentration) Qualifier:

B - Indicates the reported value is less than the Contract Required Detection Limit (CRDL) but greater than the Instrument Detection Limit (IDL).

U - Indicates compound was analyzed for but not detected.

Q Qualifier:

E - The reported value is estimated because of the presence of interference.

M - Duplicate injection precision not met.

N - Spiked sample recovery not within control limits.

S - The reported value was determined by the Method of Standard Additions (MSA).

W - Post-digestion spike for Furnace AA analysis is out of control limits (85-115%), while the sample absorbance is less than 50% of spike absorbance.

* - Duplicate analysis not within control limits.

+ - Correlation coefficient for the MSA is less than 0.995.

M (Method) Qualifier Enter:

- "P" for ICP
- "A" for Flame AA
- "F" for Furnace AA
- "CV" for Manual Cold Vapor AA
- "AV" for Automated Cold Vapor AA
- "AS" for Semi-Automated Spectrophotometric
- "C" for Manual Spectrophotometric
- "T" for Titrimetric
- "NR" if the analyte is not required to be analyzed.

party. The contaminants found in Well #4 were not detected in any of the soil samples. However, soil sample X104 contained significant levels of volatiles, pesticides, semi-volatiles and heavy metals, while X101 had reportable levels of heavy metals and volatiles. These sample locations have been referred to IEPA's Field Operations Unit for further investigation. Analysis of the waste sample collected by IEPA personnel revealed the following substances: volatiles, semi-volatiles and heavy metals. This sample point (X105) was taken from product floating on top of the water table and may be associated with a leaking gas tank. Contaminants found in the public well were not found in the analysis from this sample point.

5. DISCUSSION OF MIGRATION PATHWAYS

5.1 INTRODUCTION

This section discusses data and information that apply to potential migration pathways and targets of TCL compounds that have been found in the New Lenox Public Well #4.

5.2 GROUNDWATER

Groundwater samples were collected from monitor wells and the New Lenox Public Well #4 during the March 28-29, 1989 Screening Site Inspection. The sample results indicated an observed release to monitor well G101 (1,2-Dichloroethene at 390 ug/l and Trichloroethene at 330 ug/l) and the New Lenox Public Well #4 (Trichloroethene at 30 ug/l). The aquifer of concern is the Silurian Dolomite, which is overlain by a moderately permeable layer (less than four feet) of till (Willman et al, 1975). This bedrock aquifer is highly fractured and weathered, creating numerous crevices for the movement of groundwater. Well logs within four miles of the site indicate 28 Public Water Supply wells and approximately 532 private wells serving a total of 86,998 (see Appendix G for area well logs). The depth to groundwater is 10 feet and the groundwater flow is toward the north except in the area influenced by the pumping of Well #4 (Donohue & Associates, 1987 and IEPA HIEU, 1989).

5.3 SURFACE WATER

No surface water samples were collected during the March 28-29, 1989 SSI conducted at the New Lenox Well #4 and at this time is not a route of concern.

5.4 AIR

No air samples were taken during the SSI, but a photo-ionization detector (HNU with an 11.7 eV lamp) was used to screen the monitor well head space and soil samples. The head space in monitor well G104 read 180 meter units above background, with the breathing zone reading 20 meter units above background. No other monitor wells were above background and all soil samples indicated levels below background.

5.5 ON-SITE EXPOSURE

On-site exposure is not a concern at this time, due to the inability to identify a potential source of contamination.

6. BIBLIOGRAPHY

Donohue & Associates, Inc., April 14, 1987 Technical Memorandum to Mr. Art Benner, Public Works Director for the Village of New Lenox.

Illinois Department of Energy and Natural Resources, State Water Survey, Public Groundwater Supplies in Will County, ISWS Bulletin 60-29.

Illinois Department of Energy and Natural Resources, State Water Survey, water well records of wells in Will County, T.34N. R.11E., T.35N. R.10E., T.35N. R.11E., T.35N. R.12E. and T.36N. R.11E.

Illinois Environmental Protection Agency, 1987, Potential Hazardous Waste Site preliminary Assessment for the New Lenox Public Well #4, ILD981956469, prepared by Jeanine Morse, Springfield, IL.

Illinois Environmental Protection Agency, 1989, Hydrogeology Investigation and Evaluation Unit, Elevations, Groundwater Flows and Monitor Well diagrams.

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U.S.EPA, Office of Solid Waste and Emergency Response, February 12, 1988, Pre-Remedial Strategy for Implementing SARA, Directive number 9345.2-01, Washington, D.C.

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GD:kja:3234k/1-19/sp

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4- MILE RADIUS MAP & 15-MILE SURFACE WATER ROUTE MAP

☐ **Other:**

APPENDIX A

SITE 4-MILE RADIUS MAP

APPENDIX B

U.S. EPA FORM 2070-13

Site Inspection Report

L1970000000 -- Will County
New Lenox Public Well #4
ILD 981956469

EPA IL1970000000

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 1 - SITE LOCATION AND INSPECTION INFORMATION

I. IDENTIFICATION

01 STATE	02 SITE NUMBER
IL	D 981956469

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site)	02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER
New Lenox Public Well #4	West of Cedar Road, North of Route 30

03 CITY	04 STATE	05 ZIP CODE	06 COUNTY	07 COUNTY CODE	08 CONG DIST
New Lenox	IL	60451	Will	197	04

09 COORDINATES LATITUDE	LONGITUDE
41 30 52.0	087 58 02.0

10 TYPE OF OWNERSHIP (Check one)
☐ A. PRIVATE ☐ B. FEDERAL _____ ☐ C. STATE ☐ D. COUNTY ■ E. MUNICIPAL
☐ F. OTHER _____ ☐ G. UNKNOWN

III. INSPECTION INFORMATION

01 DATE OF INSPECTION (MONTH DAY YEAR)	02 SITE STATUS	03 YEARS OF OPERATION
03 28 89	■ ACTIVE ☐ INACTIVE	1972 (BEGINNING YEAR)	Present (ENDING YEAR) ___ UNKNOWN

04 AGENCY PERFORMING INSPECTION (Check all that apply)
☐ A. EPA ☐ B. EPA CONTRACTOR _____ (Name of firm) ☐ C. MUNICIPAL ☐ D. MUNICIPAL CONTRACTOR _____ (Name of firm)
■ E. STATE ☐ F. STATE CONTRACTOR _____ (Name of firm) ☐ G. OTHER _____ (Specify)

05 CHIEF INSPECTOR	06 TITLE	07 ORGANIZATION	08 TELEPHONE NO.
Gregory W Dunn	EPS II	IEPA	(217) 782-6761
09 OTHER INSPECTORS	10 TITLE	11 ORGANIZATION	12 TELEPHONE NO.
Kenneth W. Corkill	EPS III	IEPA	(217) 782-6761
Timothy J Murphy	EPS I	IEPA	(217) 782-6761
			( )
			( )
			( )

13 SITE REPRESENTATIVES INTERVIEWED	14 TITLE	15 ADDRESS	16 TELEPHONE NO
Art Benner	Director of Public Works	701 West Haven Avenue New Lenox, IL 60451	(815) 485-6452
			( )
			( )
			( )
			( )
			( )

17 ACCESS GAINED BY (Check one)	18 TIME OF INSPECTION	19 WEATHER CONDITIONS
■ PERMISSION ☐ WARRANT	5:05p	Overcast, Drizzle ≈60°

IV. INFORMATION AVAILABLE FROM

01 CONTACT	02 OF (Agency/Organization)	03 TELEPHONE NO.
Mr. Art Benner	New Lenox Public Works (Director)	(815) 485-6452

04 PERSON RESPONSIBLE FOR SITE INSPECTION FORM	05 AGENCY	06 ORGANIZATION	07 TELEPHONE NO.	08 DATE (MONTH DAY YEAR)
Gregory W. Dunn	IEPA	Pre-Remedial Unit	(217) 782-6761	08 18 89

EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE	02 SITE NUMBER
IL	D 981956469

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ■ A. GROUNDWATER CONTAMINATION
03 POPULATION POTENTIALLY AFFECTED: 86,998
02 ■ OBSERVED (DATE: 1985) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

Groundwater contamination has been documented since 1985 by sample results from the New Lenox Public Well #4. Groundwater is found at twelve feet below ground surface near the Public Well. Public and private water supplies use the aquifer for drinking.

01 ☐ B. SURFACE WATER CONTAMINATION
03 POPULATION POTENTIALLY AFFECTED: _____
02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

None documented or observed.

01 ☐ C. CONTAMINATION OF AIR
03 POPULATION POTENTIALLY AFFECTED: _____
02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

None documented or observed.

01 ☐ D. FIRE, EXPLOSIVE CONDITIONS
03 POPULATION POTENTIALLY AFFECTED: _____
02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

None documented or observed.

01 ■ E. DIRECT CONTACT
03 POPULATION POTENTIALLY AFFECTED: 5899
02 ☐ OBSERVED (DATE: _____) ■ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

Potential direct contact to contaminants by Dermal contact and/or inhalation.

01 ☐ F. CONTAMINATION OF SOIL
03 AREA POTENTIALLY AFFECTED: _____ (Acres)
02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

None documented or observed.

01 ■ G. DRINKING WATER CONTAMINATION
03 POPULATION POTENTIALLY AFFECTED: 86,998
02 ■ OBSERVED (DATE: 1985) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

28 Public wells and 532 private wells are within a 4-mile radius of the Public well #4. Water for drinking is obtained from the Silurian dolomite aquifer, with most wells between 100 and 350 feet deep.

01 ☐ H. WORKER EXPOSURE/INJURY
03 WORKERS POTENTIALLY AFFECTED: _____
02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

None documented or observed.

01 ■ I. POPULATION EXPOSURE/INJURY
03 POPULATION POTENTIALLY AFFECTED: _____
02 ☐ OBSERVED (DATE: _____) ■ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

None documented or observed.

EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION
PART 4 - PERMIT AND DESCRIPTIVE INFORMATION

I. IDENTIFICATION

01 STATE	02 SITE NUMBER
IL	D 981956469

II. PERMIT INFORMATION

01 TYPE OF PERMIT ISSUED (Check all that apply)	02 PERMIT NUMBER	03 DATE ISSUED	04 EXPIRATION DATE	05 COMMENTS
☐ A. NPDES				
☐ B. UIC				
☐ C. AIR				
☐ D. RCRA				
☐ E. RCRA INTERIM STATUS				
☐ F. SPCC PLAN				
☐ G. STATE (Specify)				
☐ H. LOCAL (Specify)				
☐ I. OTHER (Specify)				
■ J. NONE				

III. SITE DESCRIPTION

01 STORAGE DISPOSAL (Check all that apply)	02 AMOUNT	03 UNIT OF MEASURE
☐ A. SURFACE IMPOUNDMENT		
☐ B. PILES		
☐ C. DRUMS, ABOVE GROUND		
☐ D. TANK, ABOVE GROUND		
☐ E. TANK, BELOW GROUND		
☐ F. LANDFILL		
☐ G. LANDFARM		
☐ H. OPEN DUMP		
☐ I. OTHER _____ (Specify)		

04 TREATMENT (Check all that apply)

- ☐ A. INCENERATION
- ☐ B. UNDERGROUND INJECTION
- ☐ C. CHEMICAL/PHYSICAL
- ☐ D. BIOLOGICAL
- ☐ E. WASTE OIL PROCESSING
- ☐ F. SOLVENT RECOVERY
- ☐ G. OTHER RECYCLING/RECOVERY
- ☐ H. OTHER _____ (Specify)

05 OTHER

■ A. BUILDINGS ON SITE

(1)

06 AREA OF SITE

_____ (Acres)

07 COMMENTS

The only building considered on-site is the New Lenox PW #4 pumphouse.

IV. CONTAINMENT

01 CONTAINMENT OF WASTES (Check one)

☐ A. ADEQUATE, SECURE ☐ B. MODERATE ■ C. INADEQUATE, POOR ☐ D. INSECURE, UNSOUND, DANGEROUS

02 DESCRIPTION OF DRUMS, DIKING, LINERS, BARRIERS, ETC.

Wastes are carried from, as yet, an unidentified source via groundwater to the Public Well.

V. ACCESSIBILITY

01 WASTE EASILY ACCESSIBLE: ☐ YES ■ NO

02 COMMENTS

VI. SOURCES OF INFORMATION (Cite specific references, e.g. state files, sample analysis, reports)

Illinois EPA Land Division Files
Illinois EPA Public Water Supply Files
SSI conducted March 28, 1989

EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 5 - WATER, DEMOGRAPHIC, AND ENVIRONMENTAL DATA

I. IDENTIFICATION

01 STATE	02 SITE NUMBER
IL	D 981956 469

VI. ENVIRONMENTAL INFORMATION

01 PERMEABILITY OF UNSATURATED ZONE (Check one)

☐ A. $10^{-6} - 10^{-8}$ cm/sec ■ B. $10^{-4} - 10^{-6}$ cm/sec ☐ C. $10^{-4} - 10^{-3}$ cm/sec ☐ D. GREATER THAN 10^{-3} cm/sec

02 PERMEABILITY OF BEDROCK (Check one)

☐ A. IMPERMEABLE (Less than 10^{-6} cm/sec) ☐ B. RELATIVELY IMPERMEABLE ($10^{-4} - 10^{-6}$ cm/sec) ■ C. RELATIVELY PERMEABLE ($10^{-2} - 10^{-4}$ cm/sec) ☐ D. VERY PERMEABLE (Greater than 10^{-2} cm/sec)

03 DEPTH TO BEDROCK	04 DEPTH OF CONTAMINATED SOIL ZONE	05 SOIL pH	
12 (ft)	UNKNOWN (ft)	UNKNOWN	

06 NET PRECIPITATION	07 ONE YEAR 24 HOUR RAINFALL	08 SLOPE: SITE SLOPE	DIRECTION OF SITE SLOPE	TERRAIN AVERAGE SLOPE
4 (in)	3 (in)	0 %	NA	0 %

09 FLOOD POTENTIAL

SITE IS IN 100 YEAR FLOODPLAIN

10 ☐ SITE IS ON BARRIER ISLAND, COASTAL HIGH HAZARD AREA, RIVERINE FLOODWAY

11 DISTANCE TO WETLANDS (5 acre minimum)

ESTUARINE: A. Not Applicable (mi) OTHER: B. Not Applicable (mi)

12 DISTANCE TO CRITICAL HABITAT (of endangered species)

No endangered species (mi)

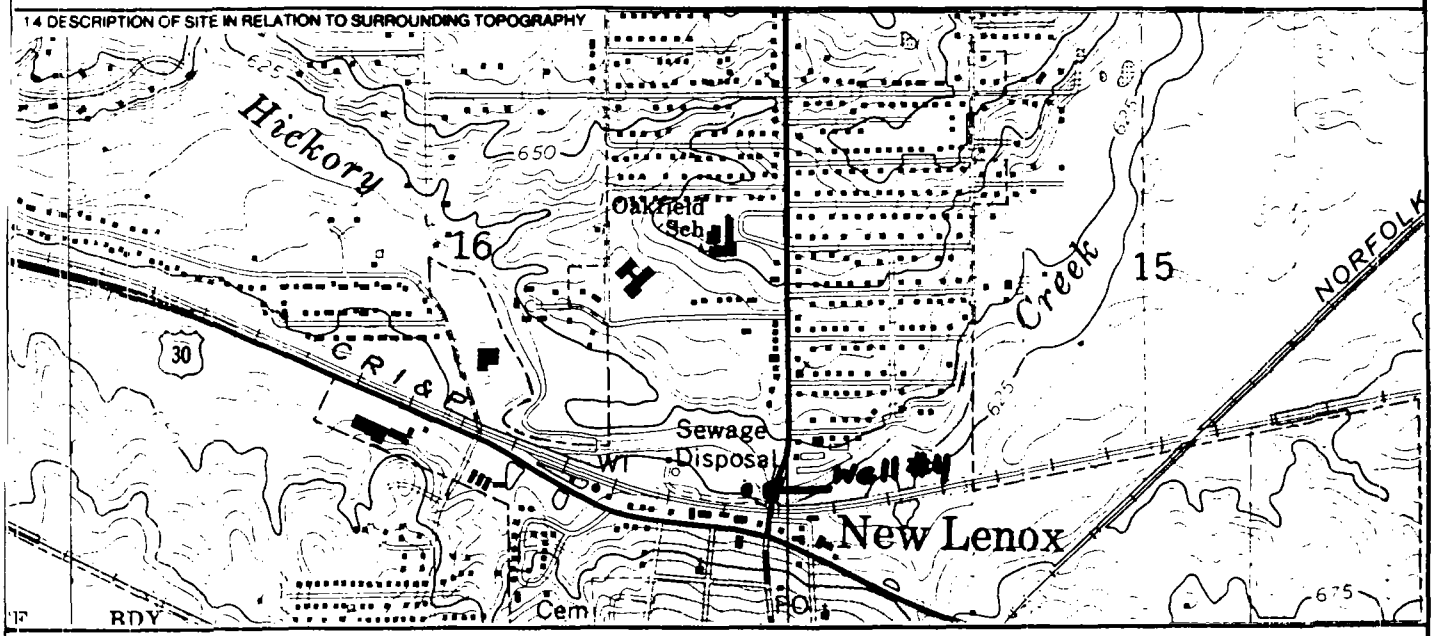
ENDANGERED SPECIES: _____

13 LAND USE IN VICINITY

DISTANCE TO:

COMMERCIAL/INDUSTRIAL	RESIDENTIAL AREAS; NATIONAL/STATE PARKS, FORESTS, OR WILDLIFE RESERVES	AGRICULTURAL LANDS: PRIME AG LAND	AG LAND
A. 0.03 (mi) (165 Ft.)	B. 0.09 (mi) (495 Ft.)	C. 0.62 (mi)	D. 0.62 (mi)

14 DESCRIPTION OF SITE IN RELATION TO SURROUNDING TOPOGRAPHY



VII. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

Illinois EPA Land Division Files
Illinois EPA Public Water Supply Files
SSI Conducted March 29, 1989
University of Illinois and Soil Conservation Service Soil Report 80 Will County Soils.
USGS Mokena, Illinois 7.5 minute Quadrangle

EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 9 - GENERATOR/TRANSPORTER INFORMATION

I. IDENTIFICATION

01 STATE	02 SITE NUMBER
IL	D 981956469

II. ON-SITE GENERATOR

01 NAME	02 D+B NUMBER
Not Applicable	
03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE
05 CITY	06 STATE / 07 ZIP CODE

III. OFF-SITE GENERATOR(S)

01 NAME	02 D+B NUMBER	01 NAME	02 D+B NUMBER
Not Applicable			
03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE	03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE
05 CITY	06 STATE / 07 ZIP CODE	05 CITY	06 STATE / 07 ZIP CODE
01 NAME	02 D+B NUMBER	01 NAME	02 D+B NUMBER
03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE	03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE
05 CITY	06 STATE / 07 ZIP CODE	05 CITY	06 STATE / 07 ZIP CODE

IV. TRANSPORTER(S)

01 NAME	02 D+B NUMBER	01 NAME	02 D+B NUMBER
Not Applicable			
03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE	03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE
05 CITY	06 STATE / 07 ZIP CODE	05 CITY	06 STATE / 07 ZIP CODE
01 NAME	02 D+B NUMBER	01 NAME	02 D+B NUMBER
03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE	03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE
05 CITY	06 STATE / 07 ZIP CODE	05 CITY	06 STATE / 07 ZIP CODE

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

Illinois EPA Land Division Files
Illinois EPA Public Water Supply Files

EPA FORM 2070-13 (7-81)

EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 7 - OWNER INFORMATION

I. IDENTIFICATION	
01 STATE	02 SITE NUMBER
IL	D 981956469

II. CURRENT OWNER(S) / PARENT COMPANY (If applicable)

II. CURRENT OWNER(S)			PARENT COMPANY (If applicable)		
01 NAME: Village of New Lenox		02 D+B NUMBER:	08 NAME: Not Applicable		09 D+B NUMBER:
03 STREET ADDRESS (P.O. Box, RFD #, etc.): 701 West Haven Avenue		04 SIC CODE:	10 STREET ADDRESS (P.O. Box, RFD #, etc.):		11 SIC CODE:
05 CITY: New Lenox	06 STATE: IL	07 ZIP CODE: 60451	12 CITY:	13 STATE:	14 ZIP CODE:
01 NAME:		02 D+B NUMBER:	08 NAME:		09 D+B NUMBER:
03 STREET ADDRESS (P.O. Box, RFD #, etc.):		04 SIC CODE:	10 STREET ADDRESS (P.O. Box, RFD #, etc.):		11 SIC CODE:
05 CITY:	06 STATE:	07 ZIP CODE:	12 CITY:	13 STATE:	14 ZIP CODE:
01 NAME:		02 D+B NUMBER:	08 NAME:		09 D+B NUMBER:
03 STREET ADDRESS (P.O. Box, RFD #, etc.):		04 SIC CODE:	10 STREET ADDRESS (P.O. Box, RFD #, etc.):		11 SIC CODE:
05 CITY:	06 STATE:	07 ZIP CODE:	12 CITY:	13 STATE:	14 ZIP CODE:
01 NAME:		02 D+B NUMBER:	08 NAME:		09 D+B NUMBER:
03 STREET ADDRESS (P.O. Box, RFD #, etc.):		04 SIC CODE:	10 STREET ADDRESS (P.O. Box, RFD #, etc.):		11 SIC CODE:
05 CITY:	06 STATE:	07 ZIP CODE:	12 CITY:	13 STATE:	14 ZIP CODE:

III. PREVIOUS OWNER(S) (List most recent first) / IV. REALTY OWNER(S) (If applicable; list most recent first)

III. PREVIOUS OWNER(S)			IV. REALTY OWNER(S)		
01 NAME: Not Applicable		02 D+B NUMBER:	01 NAME: Not Applicable		02 D+B NUMBER:
03 STREET ADDRESS (P.O. Box, RFD #, etc.):		04 SIC CODE:	03 STREET ADDRESS (P.O. Box, RFD #, etc.):		04 SIC CODE:
05 CITY:	06 STATE:	07 ZIP CODE:	05 CITY:	06 STATE:	07 ZIP CODE:
01 NAME:		02 D+B NUMBER:	01 NAME:		02 D+B NUMBER:
03 STREET ADDRESS (P.O. Box, RFD #, etc.):		04 SIC CODE:	03 STREET ADDRESS (P.O. Box, RFD #, etc.):		04 SIC CODE:
05 CITY:	06 STATE:	07 ZIP CODE:	05 CITY:	06 STATE:	07 ZIP CODE:
01 NAME:		02 D+B NUMBER:	01 NAME:		02 D+B NUMBER:
03 STREET ADDRESS (P.O. Box, RFD #, etc.):		04 SIC CODE:	03 STREET ADDRESS (P.O. Box, RFD #, etc.):		04 SIC CODE:
05 CITY:	06 STATE:	07 ZIP CODE:	05 CITY:	06 STATE:	07 ZIP CODE:

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

Illinois EPA Public Water Supply Files

EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 10 - PAST RESPONSE ACTIVITIES

I. IDENTIFICATION	
01 STATE	02 SITE NUMBER
IL	D 981956 469

II PAST RESPONSE ACTIVITIES (Continued)

01 ☐ R. BARRIER WALLS CONSTRUCTED — 02 DATE _____ — 03 AGENCY _____
04 DESCRIPTION
Not Applicable

01 ☐ S. CAPPING/COVERING — 02 DATE _____ — 03 AGENCY _____
04 DESCRIPTION
Not Applicable

01 ☐ T. BULK TANKAGE REPAIRED — 02 DATE _____ — 03 AGENCY _____
04 DESCRIPTION
Not Applicable

01 ☐ U. GROUT CURTAIN CONSTRUCTED — 02 DATE _____ — 03 AGENCY _____
04 DESCRIPTION
Not Applicable

01 ☐ V. BOTTOM SEALED — 02 DATE _____ — 03 AGENCY _____
04 DESCRIPTION
Not Applicable

01 ☐ W. GAS CONTROL — 02 DATE _____ — 03 AGENCY _____
04 DESCRIPTION
Not Applicable

01 ☐ X. FIRE CONTROL — 02 DATE _____ — 03 AGENCY _____
04 DESCRIPTION
Not Applicable

01 ☐ Y. LEACHATE TREATMENT — 02 DATE _____ — 03 AGENCY _____
04 DESCRIPTION
Not Applicable

01 ☐ Z. AREA EVACUATED — 02 DATE _____ — 03 AGENCY _____
04 DESCRIPTION
Not Applicable

01 ☐ 1. ACCESS TO SITE RESTRICTED — 02 DATE _____ — 03 AGENCY _____
04 DESCRIPTION
Not Applicable

01 ☐ 2. POPULATION RELOCATED — 02 DATE _____ — 03 AGENCY _____
04 DESCRIPTION
Not Applicable

01 ☐ 3. OTHER REMEDIAL ACTIVITIES — 02 DATE _____ — 03 AGENCY _____
04 DESCRIPTION None

III. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

Illinois EPA Land Division Files
Illinois EPA Public Water Supply Files

APPENDIX C

MONITOR WELL INSTALLATION LOGS

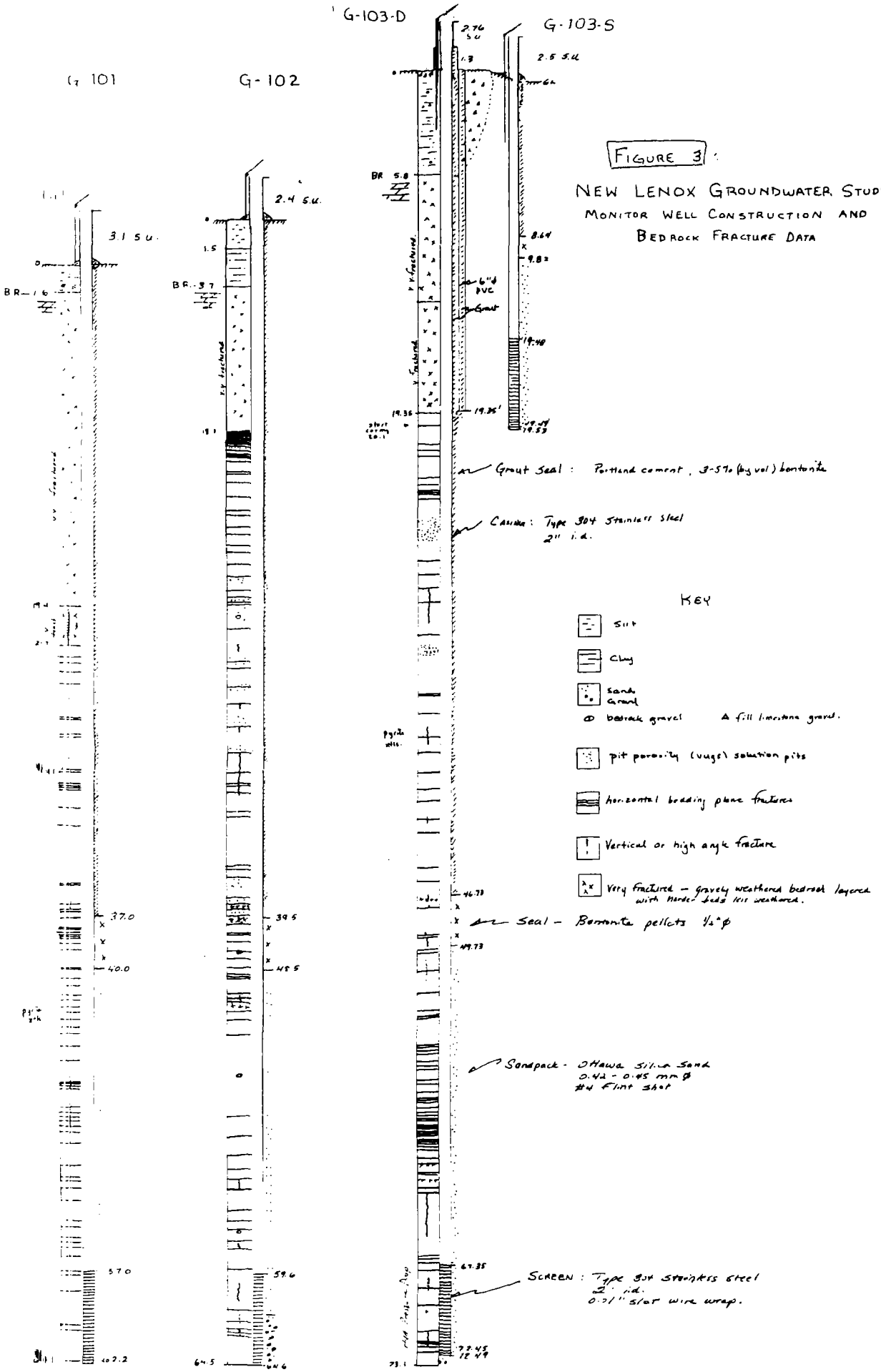


FIGURE 3

NEW LENOX GROUNDWATER STUDY
MONITOR WELL CONSTRUCTION AND
BEDROCK FRACTURE DATA

NEW LENOX B-1

Illinois Environmental Protection Agency — Field Boring Log

Page 1 of 1

Site File No.: _____ County Will Boring No. B-1 Monitor Well No. G101

Site File Name NEW LENOX PWS WELL #4 Surface Elev. _____ Completion Depth 62.0'

Fec. ID No. _____ Auger Depth 6¼-13.35' 3¾-18.85' Rotary Depth 62.0'

Quadrangle MOKENA 7.5 Sec. ____ T. 35 R. ____ Date: Start 5/3/88 Finish 5/5/88

Boring Location North ft of PWS #4 (see map)

Drilling Equipment 75; 3-3/4 ID 6-1/4 HSA | 5' Cont. Smplr 10'x3" Core Barrel | 5 5/8" TRB.

Personnel: G - J. MORSE; D - BOSIE, TOLAN; H - HALFORD, COLANTINO; H - MALONEY, IRWIN

Elev.	DESCRIPTION	Depth in feet	Sample No.	Sample Type	Sample Recovery	Penetrometer	N Values (Blows)	OVA or HNU readings	REMARKS
	(0.0-1.6) SILT; some clay lg. dolost. gvl.								
	(1.6-12.0) DOLOSTONE BEDROCK; v. weathered, fractured, l yel-brn. dolostone fragmented in a sandy matrix, weathered crumby sandstone bed - brn-yel. or @ 3.4'-3.7'. (Niagaran - Silurian)	5		C.S.	3.7'			B.G.	▼ 6.27' WL 5/4 w/ auger @ 18.85' prior to coring.
	(12.0-14.0) DOLOSTONE - weathered l yel-brn.	10		3-3/4" ID HSA w/ CTR. PILOT ASSEMBLY				B.G.	Reamed borehole w/ 6¼" ID HSA to 13.35' bgl.
	(14.0-15.0) DOLOSTONE - v. weathered soft.	15							
	(15.0-18.9) DOLOSTONE - sl. weathered. hard augering.								
	(18.9-) DOLOSTONE - dense finely X/n., l grey and l yel-brn. with abundant flat and convoluted bedding plane fractures and fewer vertical fractures. Some zones of porous (Vuggy), fossiliferous reef structures separated by dense finely X/n. dolostone. (Crinoids and brachiopods were observed) (Niagaran - Silurian) Fractures are Fe oxide (pyrite) coated w/ Sandary Calcite on top of pyrite. Some vugs have dolomite X+l's. @47.4-52.1 Vertical fract. Continues to 52.8-53.3'	20		CORE	6.15'	very fractured		BG	#
		25		CORE	10.0'	0.56	10'/18 pc.		
		30		CORE	10.0'	0.36	10'/28 pc.		
		35		CORE	10.0'	0.38	10'/26 pc.		
		40		CORE	7.0'	0.78	7'/9 pc.		
		45							
		50							
		55							
	END BORING @ 62.0 ft. bgl.	60							
		65							

Illinois Environmental Protection Agency — Field Boring Log

Page 1 of 1

Site File No: _____ County Will Boring No. B-2 Monitor Well No. G102

Site File Name NEW LENOX PWS #4 CONTAMINATION Surface Elev. _____ Completion Depth 64.5'

Fed. ID. No. _____ Auger Depth 10.3' Rotary Depth 64.5'

Quadrangle MOKENA Sec. 16 T. 35 N. R. 11 E. Date: Start 5/12/88 Finish _____

Boring Location ft. SW of of SW corn. of W. most abandoned sludge pits - SW of water mnt. plant building.

Drilling Equipment

Personnel: G - J. MORSE; D - K. BOSIE; H - TOLAN HALIFORD; H - COLANTHO IRWIN

Elev.	DESCRIPTION	Depth in feet	Sample No	Sample Type	Sample Recovery	Penetrometer	N Values (Blows)	OVA or HNU readings	REMARKS
	(0.0 - 1.5) SILT, l yel-brn.								
	(1.5 - 3.7) Sdy-clay to cl-sand - l brn-yel								
	(3.7 - 40.6) DOLOSTONE BEDROCK. l yel-brn. v. fractured and weathered to ~12' (outcrop ~200' E beds are ~0.5' thick.) thinly bedded, becomes l tan grey and lgrey Dolostone w/ vuggy fossilif. reef beds ~1' thick l tan interspersed in dense fnly x/n. lgrey dolostone Abundant bedding plane (convoluted) fractures w/ l blu-green clay coatings, some fe ox. on fracture planes; few vertical fractures	5		Auger w/ rfa					
		10							NW casing set @ 11.93'
		15		Core 9.7	9.7				
		20		Core 10.0	9.5				drilling water white
		25							
		30		Core 10.0	10.0				drilling water color Δ to tan
		35							
		40							
	(40.6 - 50.3) Dolostone; l grey fnly x/n. dense w/ vuggy reef structures interspersed; pynte coatings on some vert. fractures; fe ox. on fracture planes	45		Core 10.0	10.0				drilling water white
		50							
	(50.3 -) Dolomitized Limestone; l tan grey, fnly x/n. convoluted closed bedding plane fractures (few open) fewer bpf. as compared to above 10' sun.	55		Core 10.0	10.0				"
		60		Core 4.5	4.4				@ 59.5' water pressure drop from 240 psi to 160 psi. Note same elev as in B-1
	END BORING @ 64.5'	65							

Illinois Environmental Protection Agency **Field Boring Log** Page 1 of 1

Site File No.: _____ County Will Boring No. B-3a Monitor Well No. G103-S

Site File Name New Lenox PWS #4 Contamination Surface Elev. _____ Completion Depth 19.5'

Fed. ID No. _____ Auger Depth 19.5' Rotary Depth _____

Quadrangle Mokena Sec. 16 T. 35N R. 11E Date: Start 5/24 Finish 5/25

Boring Location NE edge of N end of Oak St. on S. side of E-W running Metro RR.; just NW of New Lenox Travel Agency

Drilling Equipment CME 75; 6¼" ID HSA; Rfa

Personnel: G - J. Morse; D - K. Bosic; H - D. Halford; H - Colantino; Irwin

Elev.	DESCRIPTION	Depth in feet	Sample No.	Sample Type	Sample Recovery	Penetrometer	N Values (Blows)	OVA or HNU readings	REMARKS
	0.0 - 3.0' Gravel - silt - fill Parking area							BG 1 unit	
	3.0 - 5.8' Fill / cl-sdy silt w/ pebbles yel-brn.	5							
	(5.8 -) DOLOSTONE BEDROCK v. very fractured ℓ yel-brn. dolostone, Thinly bedded hard/soft zones	10							Thin perched (wet) zones in bedrock.
	hard @ 18.5' - 19.5'	15	6¼" ID HSA w/ Reverse flight auger - plug.	cuttings				50+ units	Gasoline Contaminated Sediments @ 15.0'
	END BORING @ 19.5'	20							

Illinois Environmental Protection Agency — **Field Boring Log** — Page ____ of ____

Site File No: ____ County: WILL Boring No. B-3b Monitor Well No. G103-D

Site File Name: NEW LENOX PWS#4 CONTAMINATION Surface Elev. ____ Completion Depth ____

Fed. ID. No. ____ Auger Depth 19.35' Rotary Depth 73.1'

Quadrangle: MOKENA Sec. 16 T. 35N R. 11E Date: Start 5/27/88 Finish 6/3/88

Boring Location: S of G103-S ~5', NE edge of N. Oak St. on S. side of E-W Metro RR.; just NW of New Lenox Travel Agency.

Drilling Equipment: CME 75, 6 1/4" ID HSA; Rfa; 4"x10' Core barrel (8 1/4" ID HSA; 5 5/8" RRB)

Personnel
G - J. Morse
D - Dale Hatford
H - A. Colantino
H - R. Irwin

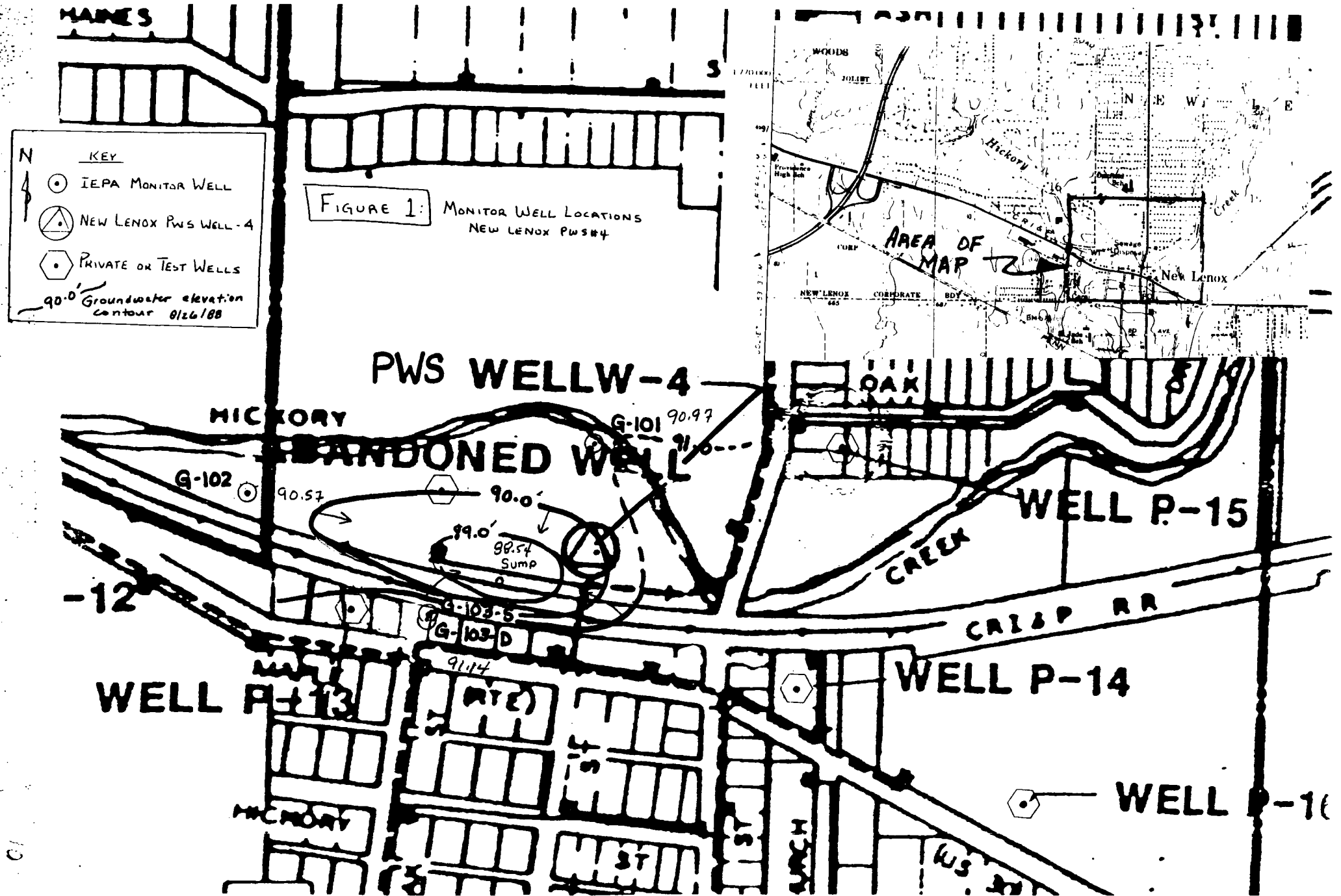
Elev.	DESCRIPTION	Depth in feet	Sample No.	Sample Type	Sample Recovery	Penetrometer	N Values (Blows)	OVA or HNU readings	REMARKS
	(0.0 - 5.8) Gravel fill over slty clay w/ pebbles, concrete etc. (fill).	0–5.8							
	(5.8 - 19.5) Dolostone bedrock lt yel-brn. v.v. weathered and fractured to 13' then v. fractured to 19.5'. Thinly bedded w/ hard & soft zones. Niagaran - Silurian	5.8–19.5							bottom of 6" csg @ 19.35' NW csg. seated 20.1'
	(19.5 -) Dolostone - finely Xln lt tan grey and tan w/ abundant convoluted bedding plane features. Some vertical fractures. Some vuggy, reef structure interspersed in the finely Xln. lt grey dolost / ls. zones. Some fractures w/ lt blu-green clay on fracture planes - some with Fe oxidation and pyrite and 2ndary dolost. xtls. Niagaran - Silurian	20–25		Core	6.3				
		25–35		Core	10				
		35–45		Core	10				Used more water to keep circulation.
		45–55		Core	10				
		55–65		Core	10				
	Soft 64.6 - 65.1	65–73.1		Core	6.5				67-70 20% of circ. loss then regained.
	END BORING @ 73.1'								

APPENDIX D

GROUNDWATER FLOW DIAGRAM AND MEASUREMENTS

8/26/88 water levels.

Shallow dolomite aquifer - flow diagram.



Illinois Environmental Protection Agency — **Well Development and Water Level Form**

County: W.11 Site File Name: New Lenox Public Well #4 Site File Number: 1970000000

Date: July 5, 1988 Sample Crew: Rich Lange Weather Conditions:

Well #	Length of well casing	Field check of well length	Water Level	# of feet of water in well*	# of gals in well**	# of gals removed	Top of Casing Elevation***	Groundwater Elevation
G-101	65.00 ft.	65.00 ft.	8.91 ft.				100.00	91.09
G-102	66.90 ft.	66.80 ft.	10.73 ft.				101.67	90.94
G-103	75.86 ft	75.04 ft	19.10 ft.				110.62	91.52

*Well casing total length - water level = # of feet of water in well

**6.13 ft. per gal for a 2" diameter well

Illinois Environmental Protection Agency — **Well Development and Water Level Form**

County: Will — Site File Name: New Lenox Public Well #4 — Site File Number: L 1970000000

Date: July 11, 1988 — Sample Crew: Greg Dunn, John Morgan — Weather Conditions: Sunny, Hot ≈ 90°

Well #	Length of well casing	Field check of well length	Water Level	# of feet of water in well*	# of gals in well**	# of gals removed	Top of Casing Elevation***	Groundwater Elevation
G-101	65.10 ft.		11.45 ft.				100.00	88.55
G-102	66.90 ft.		10.34 ft.				101.67	91.33
G-103	75.86 ft		18.21 ft				110.62	92.41
	* Work on Sewage Treatment Plant continuing; Dewatering of (pit) trench for sewer lines is started near New Lenox Public Well #4 pump house.							

*Well casing total length - water level = # of feet of water in well

**6.13 ft. per gal for a 2" diameter well

Illinois Environmental Protection Agency

Well Development and Water Level Form

County: Will | Site File Name: New Lenox PWS #4 | Site File Number: 199000 0000

Date: 8/26/88 | Sample Crew: Morse, Tolan, VanHook | Weather Conditions: Clear, cool

Well #	Length of well casing	Field check of well length	Water Level	# of feet of water in well*	# of gals in well**	# of gals removed	Top of Casing Elevation***	Groundwater Elevation
G-101			9.03'				100.00	90.97
G-102			11.10				101.67	90.57
G 103-S			**				110.20	
G 103-D			19.48				110.62	91.14
Sump			13.58 (below el. measured on access ladder.)				102.12	88.54
Hickory Creek WL								~91.0

*Well casing total length - water level = # of feet of water in well

**6.13 ft. per gal for a 2" diameter well

***TOC Elevation - water level = Groundwater Elevation

** Couldn't get water level - water in dedicated bailer @ bottom of well - Pulled bailer 0.8' of "oily" product d. brown over ~1.5' water in bailer.

IEPA Illinois Environmental Protection Agency

Well Development and Water Level Form

County: Will Site File Name: New Lenox Public Library #4 Site File Number: 1971000000

Date: March 3, 1999 Sample Crew: Greg Dunn Weather Conditions: Overcast, Cool ≈ 30°

Well #	Length of well casing	Field check of well length	Water Level	# of feet of water in well*	# of gals in well**	# of gals removed	Top of Casing Elevation***	Groundwater Elevation
G-101	65.10 ft.	65.16 ft.	8.50 ft.				100.00	91.50
G-102	66.90 ft.	66.83 ft.	10.93 ft.				101.67	90.74
G-103	75.86 ft	74.97 ft.	19.06 ft				110.62	91.56

*Well casing total length - water level = # of feet of water in well

**6.13 ft. per gal for a 2" diameter well

Illinois Environmental Protection Agency

Well Development and Water Level Form

County: Will Site File Name: New London Dr. Well #4 Site File Number: 2197000000

Date: March 28, 1989 Sample Crew: Greg Dunn, Ken Cook, II, John Morgan Weather Conditions: Overcast Cool ≈ 50°

Well #	Length of well casing	Field check of well length	Water Level	# of feet of water in well*	# of gals in well**	# of gals removed	Top of Casing Elevation***	Groundwater Elevation
G-101	65.10 ft	65.06 ft.	10.12 ft.	54.98 ft.	8.97 gallons	42 gallons	100.00	89.88
G-102	66.90 ft	66.80 ft.	10.70 ft.	56.20 ft.	9.17 gallons	45 gallons	101.67	90.97
G-103	75.86 ft.	74.94 ft.	18.54 ft.	57.32 ft.	9.35 gallons	45 gallons	110.62	92.08

*Well casing total length - water level = # of feet of water in well

**6.13 ft. per gal for a 2" diameter well

APPENDIX E

TARGET COMPOUND LIST

TARGET COMPOUND LIST

Volatile Target Compounds

Compound	Water CRDL	Soil/Solid CRDL
1. chloromethane	10 ug/l	10 ug/kg
2. bromomethane	10	10
3. vinyl chloride	10	10
4. chloroethane	10	10
5. methylene chloride	5	5
6. acetone	10	10
7. carbon disulfide	5	5
8. 1,1-dichloroethene	5	5
9. 1,1-dichloroethane	5	5
10. t-1.2-dichloroethene	5	5
11. 1,2-dichloropropane	5	5
12. chloroform	5	5
13. 1,2-dichloroethane	5	5
14. 2-butanone	10	10
15. 1,1,1-trichloroethane	5	5
16. carbon tetrachloride	5	5
17. vinyl acetate	10	10
18. dichlorobromomethane	5	5
19. c-1,3-dichloropropene	5	5
20. trichloroethene	5	5
21. benzene	5	5
22. chlorodibromomethane	5	5
23. 1,1,2-trichloroethane	5	5
24. t-1,3-dichloropropene	5	5
25. 2-chloroethyl vinyl ether	10	10
26. bromoform	5	5
27. 2-hexanone	10	10
28. 4-methyl-2-pentanone	10	10
29. 1,1,2,2-tetrachloroethane	5	5
30. tetrachloroethene	5	5
31. toluene	5	5
32. chlorobenzene	5	5
33. ethylbenzene	5	5
34. styrene	5	5
35. total xylenes	15	15

CRDL - Contract Required Detection Limit

Base/Neutral Target Compounds

Compound	Water CRDL	Soil/Solid CRDL
1. Hexachloroethane	10 ug/l	330 ug/kg
2. Bis (2-chloroethyl) ether	10	330
3. Benzyl Alcohol	10	330
4. Bis (2-chloroisopropyl) ether	10	330
5. N-nitrosodi-n-propylamine	10	330
6. Nitrobenzene	10	330
7. Hexachlorobutadiene	10	330
8. 2-Methylnaphthalene	10	330
9. 1,2,4-trichlorobenzene	10	330
10. Isophorone	10	330
11. Naphthalene	10	330
12. 4-Chloroaniline	10	330
13. Bis (2-chloroethoxy) methane	10	330
14. Hexachlorocyclopentadiene	10	330
15. 2-chloronaphthalene	10	330
16. 2-Nitroaniline	50	1600
17. Acenaphthylene	10	330
18. 3-Nitroaniline	50	1600
19. Acenaphthene	10	330
20. Dibenzofuran	10	330
21. Dimethylphthalate	10	330
22. 2,6-Dinitrotoluene	10	330
23. Fluorene	10	330
24. 4-Nitroaniline	50	1600
25. 4-Chlorophenyl-phenyl ether	10	330
26. 2,4-Dinitrotoluene	10	330
27. Diethylphthalate	10	330
28. N-Nitrosodiphenylamine	10	330
29. Hexachlorobenzene	10	330
30. Phenanthrene	10	330
31. 4-Bromophenyl-phenyl ether	10	330
32. Anthracene	10	330
33. Dibutylphthalate	10	330
34. Fluoranthene	10	330
35. Pyrene	10	330
36. Butyl benzyl phthalate	10	330
37. Bis (2-ethylhexyl) phthalate	10	330
38. Chrysene	10	330
39. Benzo (a) anthracene	10	330
40. 3,3'-Dichlorobenzidene	20	660
41. Di-n-octyl phthalate	10	330
42. Benzo (b) fluoranthene	10	330
43. Benzo (k) fluoranthene	10	330
44. Benzo (a) pyrene	10	330
45. Indeno (1,2,3-cd) pyrene	10	330
46. Dibenzo (a,h) anthracene	10	330
47. Benzo (g,h,i) perylene	10	330
48. 1,2-Dichlorobenzene	10	330
49. 1,3-Dichlorobenzene	10	330
50. 1,4-Dichlorobenzene	10	330

Acid Target Compounds

Compound	Water CRDL	Soil/Solid CRDL
1. Benzoic Acid	50 ug/l	1600 ug/kg
2. Phenol	10	330
3. 2-chlorophenol	10	330
4. 2-nitrophenol	50	1600
5. 2-methylphenol	10	330
6. 2,4-dimethylphenol	10	330
7. 4-methylphenol	10	330
8. 2,4-dichlorophenol	10	330
9. 2,4,6-trichlorophenol	10	330
10. 2,4,5-trichlorphenol	50	1600
11. 4-chloro-3-methylphenol	10	330
12. 2,4-dinitrophenol	50	1600
13. 2-methyl-4,6-dinitrophenol	50	1600
14. Pentachlorophenol	50	1600
15. 4-nitrophenol	50	1600

Pesticide Target Compounds

Compound	Water CRDL	Soil/Solid CRDL
1. alpha-BHC	.05 ug/l	8.0 ug/kg
2. beta-BHC	.05	8.0
3. delta-BHC	.05	8.0
4. Lindane (gamma-BHC)	.05	8.0
5. Heptachlor	.05	8.0
6. Aldrin	.05	8.0
7. Heptachlor epoxide	.05	8.0
8. Endosulfan I	.05	8.0
9. 4,4'-DDE	.10	16.0
10. Dieldrin	.10	16.0
11. Endrin	.10	16.0
12. 4,4'-DDD	.10	16.0
13. Endosulfan II	.10	16.0
14. 4,4'-DDT	.10	16.0
15. Endrin aldehyde	.10	16.0
16. Endosulfan sulfate	.10	16.0
17. Methoxychlor	.50	80.0
18. Chlordane	.50	80.0
19. Toxaphene	.50	80.0
20. Arochlor-1016	1.0	160.0
21. Arochlor-1221	.50	80.0
22. Arochlor-1232	.50	80.0
23. Arochlor-1242	.50	80.0
24. Arochlor-1248	.50	80.0
25. Arochlor-1254	1.0	160.0
26. Arochlor-1260	1.0	160.0

Inorganic Target Compounds

Metals Analyses (CRDL)-ug/l*	
Aluminum	200
Antimony	60
Arsenic	10
Barium	200
Beryllium	5
Cadmium	5
Chromium	10
Cobalt	50
Copper	25
Iron	100
Lead	5
Manganese	15
Mercury	0.2
Nickel	40
Selenium	5
Silver	10
Thallium	10
Vanadium	50
Zinc	20

Other Inorganics
Cyanide
Sulfide
Phenols
Nitrogen-Ammonia
Nitrogen, Total Kjeldahl
Nitrogen-Nitrate
Boron
pH

*Any analytical method specified in the Quality Assurance Project Plan (QAPP) may be utilized as long as the documented instrument or method detection limits meet the Contract Required Detection Level requirements. Higher detection levels may only be used in the following circumstance:

If the sample concentration exceeds two times the detection limit of the instrument or method in use, the value may be reported even though the instrument or method detection limit may not equal the CRDL. This is illutrated in the example below:

For lead:

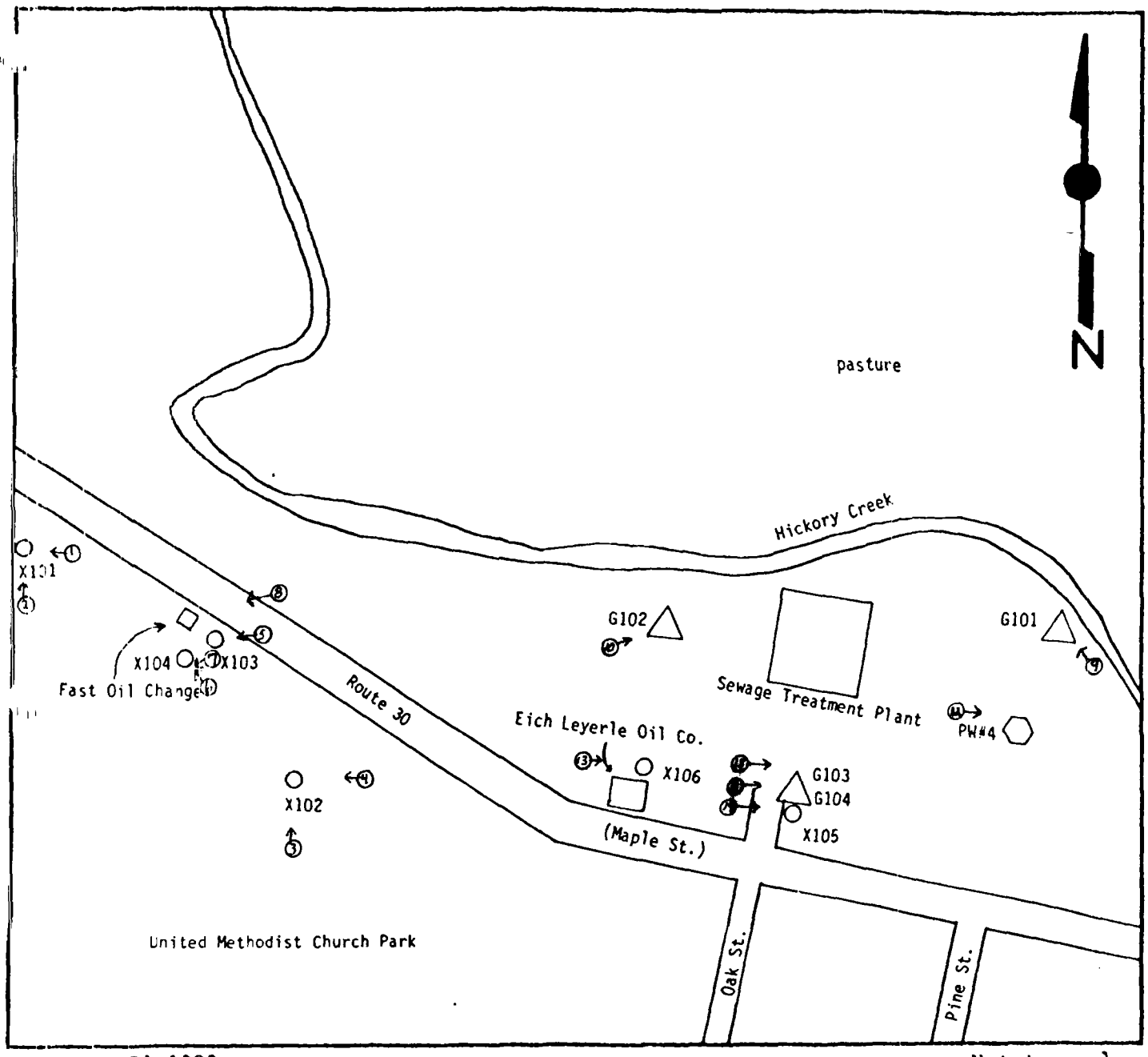
Method in use -- ICP
Instrument Detection Limit (IDL) = 40
Sample Concentration = 85
Contract Required Detection Level (CRDL) = 5

The value of 85 may be reported even though instrument detection limit is greater than required detection level. The instrument or method detection limit must be documented as described in Form IIIX.

These CRDL are the instrument detection limits obtained in pure water that must be met using ICP/Flame AA or Furnace AA. The detection limits for samples may be considerably higher depending on the sample matrix.

APPENDIX F

IEPA SITE PHOTOGRAPHS



SOURCE: IEPA, 1989.

Not to scale.

△ Monitor Wells
⬡ Public Well
○ Soil Samples

PHOTO LOCATION MAP

DATE: March 28, 1989

TIME: 5:10 P

Photograph by:

Greg Dunn

Location: ILD 981956469

L1970000000 -- Will County

New Lenox Public Well #4

Comments: Picture taken toward

West at sample point X101

Behind Danway Motors

340 Maple Avenue

1

DATE: March 28, 1989

TIME: 5:10p

Photograph by:

Greg Dunn

Location: ILD 981956469

L1970000000 -- Will County

New Lenox Public Well # 4

Comments: Picture taken toward

Northwest at sample point

X101 Behind Danway Motors

340 Maple Avenue

2

DATE: March 28, 1989

TIME: 5:45 P

Photograph by:

Greg Dunn

Location: ILD 981956469

L1970000000 -- Will County

New Lenox Public Well #4

Comments: Picture taken toward the north at sample location X102

3

DATE: March 28, 1989

TIME: 5:45 P

Photograph by:

Greg Dunn

Location: ILD 981956469

L1970000000 -- Will County

New Lenox Public Well #4

Comments: Picture taken toward the west at sample location X102

4

DATE: March 29, 1989

TIME: 7:20 A

Photograph by:

Ken Corkill

Location: ILD 981956469

L1970000000 -- Will County

New Lenox Public Well #4

Comments: Picture taken toward

west at a pipe that leads

from the Fast oil change

garage 334 W. Maple

5

DATE: March 29, 1989

TIME: 7:35A

Photograph by:

Ken Corkill

Location: ILD 981956469

L1970000000 -- Will County

New Lenox Public Well #4

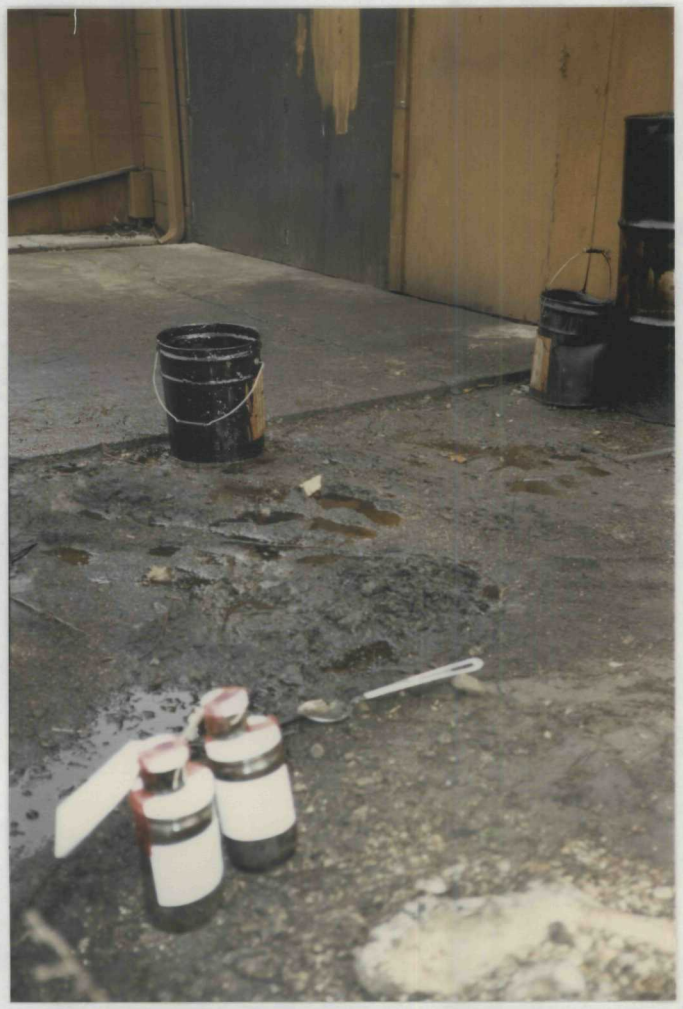
Comments: Picture taken toward

northwest behind the Fast

Oil Change garage at

334 W. Maple

6



DATE: March 29, 1989

TIME: 7:35 A

Photograph by:

Ken Corkill

Location: ILD 981956469

L1970000000 -- Will County

New Lenox Public Well #4

Comments: Picture taken toward

Southwest behind the Fast

Oil Change garage

334 W. Maple

7

DATE: March 29, 1989

TIME: 7:40 A

Photograph by:

Ken Corkill

Location: ILD 981956469

L1970000000 -- Will County

New Lenox Public Well #4

Comments: Picture taken toward

Southwest at the Front of

the Fast Oil Change

garage

8

DATE: March 29, 1989

TIME: 8:25A

Photograph by:

Ken Corkill

Location: ILD 981956469

L1970000000 -- Will County

New Lenox Public Well #4

Comments: Picture taken toward

Northwest at monitor well

G-101

9

DATE: March 29, 1989

TIME: 9:10A

Photograph by:

Ken Corkill

Location: ILD 981956469

L1970000000 -- Will County

New Lenox Public Well #4

Comments: Picture taken toward

Northeast at Monitor Well G-102

New Lenox treatment plant is

in the background

10

DATE: March 29, 1989

TIME: 9:50A

Photograph by:

Ken Cockill

Location: ILD 981956469

L1970000000 -- Will County

New Lenox Public Well #4

Comments: Picture taken toward east at well G103, the deep well

11

DATE: March 29, 1989

TIME: 11:20 Am

Photograph by:

Ken Cockill

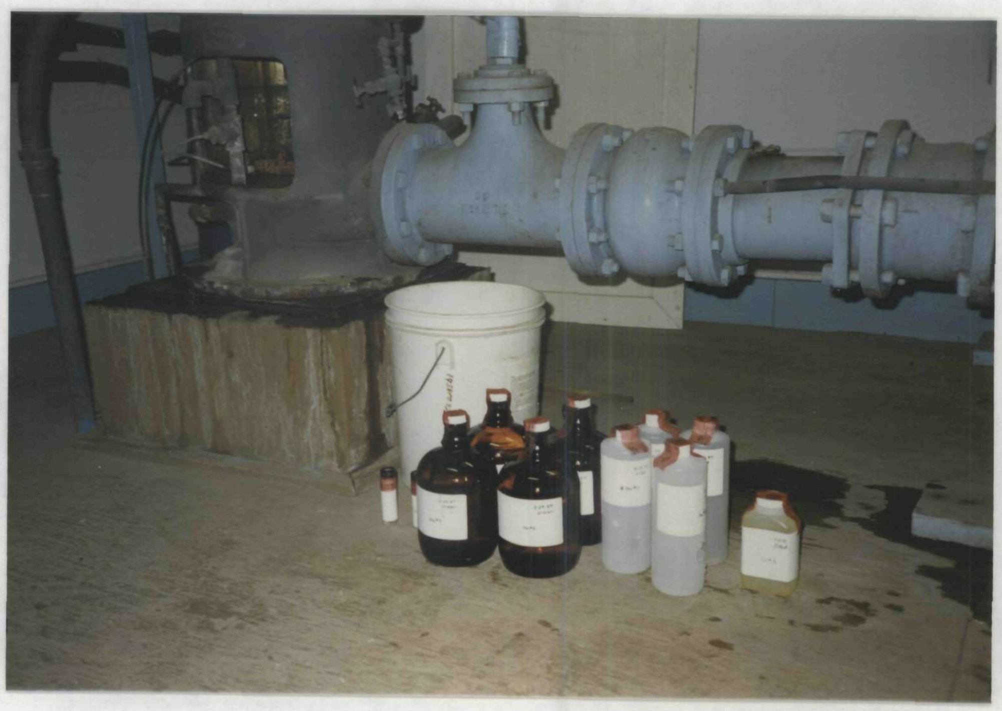
Location: ILD 981956469

L1970000000 -- Will County

New Lenox Public Well #4

Comments: Picture taken toward east inside Wellhouse for New Lenox Public Well #4

12



DATE: March 29, 1989

TIME: 12:30P

Photograph by:

Ken Corkill

Location: ILD 981956469

L1970000000 -- Will County

New Lenox Public Well #4

Comments: Picture taken toward

east at Sample point X106

Behind Erik Leyerle Oil Co.

13

DATE: March 29, 1989

TIME: 1:15P

Photograph by:

Ken Corkill

Location: ILD 981956469

L1970000000 -- Will County

New Lenox Public Well #4

Comments: Picture taken toward

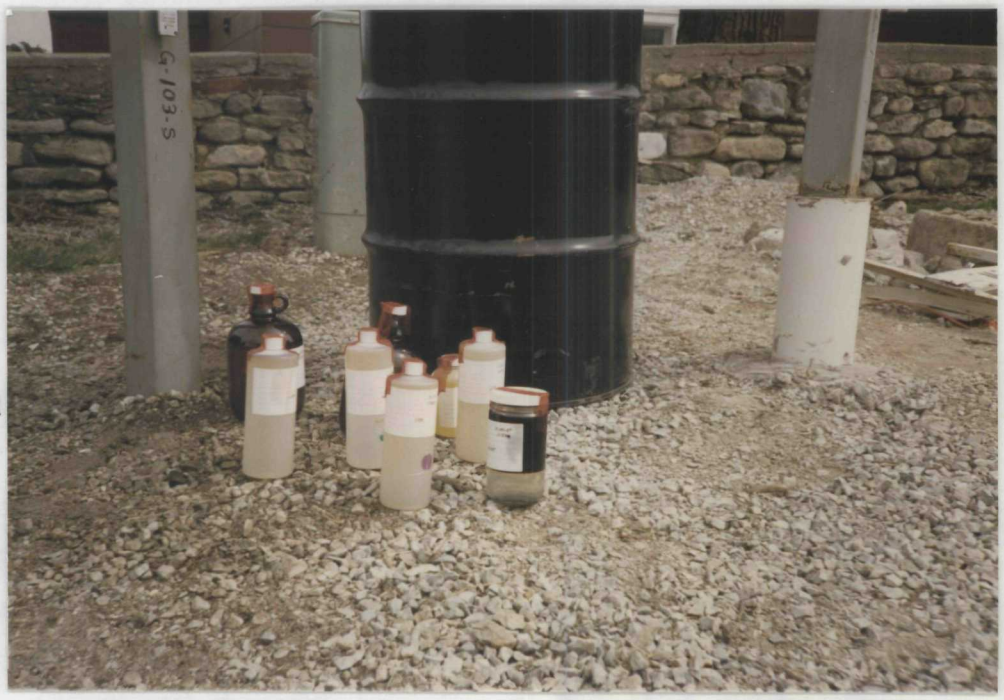
east at monitor well G-103s

and G-103D. G-103s monitor

well was designated sample

G-104. Sample pt. X105 in lower Right

14. Hand corner



DATE: March 29, 1989

TIME: 1:15 P

Photograph by:

Ken Corkill

Location: ILD 981956469

IL970000000 -- Will County

New Lenox Public Well #4

Comments: Picture taken toward

east at monitor wells

G103s and G103D - G103s

was labelled sAmple point

G-104

15

DATE: _____

TIME: _____

Photograph by:

_____

Location:

_____

_____

Comments: Picture taken toward

_____

_____

_____

_____

APPENDIX G

WELL LOGS

A 16-in. diameter hole was drilled to a depth of 86.5 ft and finished 12 in. in diameter from 86.5 to 325 ft. The well is cased with 16-in. pipe from land surface to a depth of 18.8 ft and 12-in. pipe from land surface to a depth of 86.5 ft (cemented in).

A production test was conducted by the driller on April 24, 1961. After 3.8 hr of pumping at rates of 302 to 401 gpm, the drawdown was 79.0 ft from a nonpumping water level of 40.5 ft below land surface. Pumping was continued for 4.2 hr at a rate of 302 gpm with a final drawdown of 81.0 ft.

A production test was conducted by the Wehling Well Works, Beecher, on March 16, 1972. After 6.8 hr of pumping at rates of 240 to 300 gpm, the drawdown was 108 ft from a nonpumping water level of 57 ft below the top of the casing.

On March 25, 1976, the well reportedly produced 300 gpm with a drawdown of 56 ft from a nonpumping water level of 72 ft.

The pumping equipment presently installed is an 8-in., 5-stage Layne turbine pump with a Johnston pump head set at 140 ft, rated at 300 gpm at about 171 ft TDH, and powered by a 25-hp General Electric motor.

The following mineral analysis made by the Illinois Environmental Protection Agency (Lab. No. B29594) is for a water sample from the well collected January 26, 1976, after 24 hr of pumping at 230 gpm.

WELL NO. 3, LABORATORY NO. B29594

		mg/l	*me/l*			*mg/l*	*me/l*
Iron	Fe	2.8		Silica	SiO_2	12	
Manganese	Mn	0.02		Fluoride	F	0.4	0.02
Ammonium	NH_4	0.95	0.05	Boron	B	0.6	
Sodium	Na	44	1.91	Cyanide	CN	0.00	
Potassium	K	5.8	0.15	Nitrate	NO_3	0.04	0.00
Calcium	Ca	230	11.48	Chloride	Cl	2.0	0.06
Magnesium	Mg	62	5.10	Sulfate	SO_4	660	13.73
				Alkalinity(as$CaCO_3$)		272	5.44
Arsenic	As	0.00		Hardness(as$CaCO_3$)		829	16.58
Barium	Ba	0.1					
Cadmium	Cd	0.00		Total dissolved			
Chromium	Cr	0.00		minerals		1208	
Copper	Cu	0.00					
Lead	Pb	0.00		pH (as rec'd)		7.9	
Mercury	Hg	0.0000		Radioactivity			
Nickel	Ni	0.0		Alpha *pc/l*		3.7	
Selenium	Se	0.00		± deviation		3.7	
Silver	Ag	0.00		Beta *pc/l*		17.2	
Zinc	Zn	0.0		± deviation		4.3	

WELL NO. 4, open to the Silurian dolomite, was completed in February 1972 to a depth of 300 ft by the Wehling Well Works, Beecher. This well is available for emergency use. The well is located east of Cedar Road and south of Hickory Creek, approximately 985 ft N and 350 ft W of the SE corner of Section 16, T35N, R11E. The land surface elevation at the well is approximately 625 ft.

A drillers log of Well No. 4 follows:

Strata	*Thickness (ft)*	*Depth (ft)*
Drift	12	12
Lime	282	294
Shale	6	300

A 16-in. diameter hole was drilled to a depth of 12 ft, reduced to 13.4 in. between 12 and 57 ft, and finished 10 in. in diameter from 57 to 300 ft. The well is cased with 14-in. pipe from land surface to a depth of 12 ft and 10.8-in. pipe from land surface to a depth of 57 ft (cemented in).

A production test was conducted by the driller on February 18, 1972. After 11.8 hr of pumping at rates ranging from 102 to 156 gpm, the final drawdown was 242 ft from a nonpumping water level of 3 ft below the top of the casing. Fifteen min after pumping was stopped, the water level had recovered to 7 ft.

The pumping equipment presently installed is a Layne pump rated at 190 gpm, and powered by a 25-hp General Electric motor.

A partial analysis of a sample (Lab. No. 187890) collected February 24, 1972, after pumping for 24 hr at 133 gpm, showed the water to have a hardness of 514 mg/l, total dissolved minerals of 665 mg/l, and an iron content of 1.1 mg/l.

WELL NO. 5 , open to the Silurian dolomite, was completed in September 1973 to a depth of 303 ft by the Wehling Well Works, Beecher. This well was purchased from the Laraway Utility Co. in April 1978. The well is located on the east side of Nelson Road about 1000 ft north of Laraway Road and 200 ft south of the intersection of Shagbark Road just east of the elevated tank, approximately 1000 ft N and 50 ft E of the SW corner of Section 28, T35N, R11E. The land surface elevation at the well is approximately 677 ft.

A drillers log of Well No. 5 follows:

Strata	*Thickness (ft)*	*Depth (ft)*
Drift	66	66
Lime	237	303

A 19.2-in. diameter hole was drilled to a depth of 68 ft and finished 15 in. in diameter from 68 to 303 ft. The well is cased with 20-in. black pipe from land surface to a depth of 19 ft and 16-in. black pipe from land surface to a depth of 68 ft (cemented in).

A production test was conducted by the driller on September 18, 1973. After 6.8 hr of pumping at rates ranging from 370 to 300 gpm, the drawdown was 135 ft from a nonpumping water level of 22 ft. After surging for about 2 hr, pumping was continued for 6.2 hr at rates ranging from 257 to 268 gpm with a final drawdown of 82 ft.

The pumping equipment presently installed is a Johnston pump rated at 285 gpm, and powered by a 25-hp U. S. electric motor.

NEW LENOX

The village of New Lenox (2855) installed a public water supply in 1931. Three wells (Nos. 2, 3, and 5) are in use and another well (No. 4) is available for emergency use. In 1953 there were 200 services, 89 percent metered; the average pumpage was 20,000 gpd. In 1978 there were 1790 services, all metered; the average and maximum pumpages were 400,000 and 600,000 gpd, respectively. The water is chlorinated, fluoridated, and treated with polyphosphate to keep iron in solution; in addition, the water from Well No. 3 is also aerated and filtered.

WELL NO. 1, open to the Silurian dolomite, was completed in 1931 to a depth of 320 ft (measured in 1947 to be 308 ft deep) by Henry Boysen, Jr., Libertyville. This well was abandoned about 1975. The well is located at 109 West Joliet Highway, approximately 2600 ft S and 270 ft W of the NE corner of Section 21, T35N, R11E. The land surface elevation at the well is approximately 703 ft.

A drillers log of Well No. 1 follows:

Strata	*Thickness (ft)*	*Depth (ft)*
Till	58	58
Limestone (Niagaran)	167	225
Dolomite (Alexandrian)	25	250
Dolomite (Edgewood)	55	305
Shale	5	310
Dolomite	5	315
Shale	5	320

A 12-in. diameter hole was drilled to a depth of 320 ft. The well is cased with 12-in. pipe from about 1 ft above the pump station floor to a depth of 67 ft.

Upon completion, the well reportedly produced 60 gpm for 8 hr and the nonpumping water level was 41 ft below land surface.

Nonpumping water levels were reported to be 40.8 ft below the pump base in 1942; 42.8 ft on January 8, 1948; 53 ft after a 35-min idle period on November 22, 1948; and 51 ft on September 8, 1952.

A partial analysis of a sample (Lab. No. 136386) collected November 30, 1954, showed the water to have a hardness of 564 mg/l, total dissolved minerals of 607 mg/l, and an iron content of 2.4 mg/l.

WELL NO. 2, open to the Silurian dolomite, was completed in January 1951 to a depth of 334 ft by the Milaeger Well & Pump Co., Brookfield, Wis. The well is located at the northwest corner of South Pine St. and West Michigan Road, approximately 983 ft N and 763 ft W of the SE corner of Section 21, T35N, R11E. The land surface elevation at the well is approximately 703 ft.

A drillers log of Well No. 2 follows:

Strata	*Thickness (ft)*	*Depth (ft)*
Glacial drift	102	102
Niagara lime	232	334

A 16-in. diameter hole was drilled to a depth of 20 ft and finished 12 in. in diameter from 20 to 334 ft. The well is cased with 16-in. pipe from 1 ft above land surface to a depth of 20 ft and 12-in. pipe from 1 ft above land surface to a depth of 102 ft (cemented in from 0 to 20 ft).

A production test was conducted by the driller on January 27, 1951. After 5 hr of pumping at rates of 148 to 205 gpm, the drawdown was 48 ft from a nonpumping water level of 34 ft below land surface.

On November 23, 1955, the nonpumping water level was reported to be 41 ft.

On November 10, 1966, the well reportedly produced 330 gpm for 30 min with a drawdown of 17 ft from a nonpumping water level of 50 ft below land surface.

The pumping equipment presently installed consists of a 25-hp 1800 rpm U. S. electric motor (Serial No. 2802838), an 8-in., 7-stage Layne & Bowler turbine pump set at 100 ft, rated at 300 gpm at about 204 ft TDH, and has 100 ft of 5-in. column pipe. A 10-ft section of 6-in. suction pipe is attached to the pump intake. The well is equipped with 100 ft of airline.

A partial analysis of a sample (Lab. No. 170195) collected November 10, 1966, after pumping for 30 min at 330 gpm, showed the water to have a hardness of 746 mg/l, total dissolved minerals of 1125 mg/l, and an iron content of 0.9 mg/l.

WELL NO. 3, open to the Silurian dolomite, was completed in April 1961 to a depth of 325 ft by the Layne-Western Co., Aurora. This well was purchased from the Illinois Municipal Water Co. about 1972. The well is located about 200 ft west of Well No. 2, approximately 957 ft N and 919 ft W of the SE corner of Section 21, T35N, R11E. The land surface elevation at the well is approximately 703 ft.

A drillers log of Well No. 3 follows:

Strata	*Thickness (ft)*	*Depth (ft)*
Top soil	2	2
Yellow clay	8	10
Blue clay	32	42
Sand and gravel	5	47
Gray clay	13	60
Sandy gray clay	13	73
Sand and gravel	1	74
Broken limestone	11	85
Medium brown limestone	25	110
Medium gray limestone	65	175
Gray shale	6	181
Medium gray limestone	19	200
Gray limestone with shale streaks	5	205
Medium gray limestone	45	250
Medium gray creviced limestone	5	255
Medium gray limestone	15	270
Medium gray creviced limestone	10	280
Medium gray limestone	15	295
Medium gray limestone with shale streaks	5	300
Medium gray limestone	5	305
Hard gray limestone	18	323
Shale	2	325

White Copy – Ill. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

RECEIVED NOV 1 0 1988 DIVISION OF ENVIRONMENTAL HEALTH

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug ____. Bored ____. Hole Diam. 5 in. Depth ____ ft.
      Curb material ____. Buried Slab: Yes ____ No ____
   b. Driven ____. Drive Pipe Diam. ____ in. Depth ____ ft.
   c. Drilled X. Finished in Drift ____. In Rock ____.
      Tubular ____. Gravel Packed ____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)
Cuttings	0	65

2. Distance to Nearest:
   Building 25 Ft. Seepage Tile Field 75
   Cess Pool ____ Sewer (non Cast iron) ____
   Privy ____ Sewer (Cast iron) ____
   Septic Tank ____ Barnyard ____
   Leaching Pit ____ Manure Pile ____
3. Well furnishes water for human consumption? Yes X No ____
4. Date well completed 6-10-88
5. Permanent Pump Installed? Yes X Date ____ No ____
   Manufacturer ____ Type ____ Location Well
   Capacity 10 gpm. Depth of Setting 110 Ft.
6. Well Top Sealed? Yes X No ____ Type Williams
7. Pitless Adapter Installed? Yes X No ____
   Manufacturer Baker Model Number ____
   How attached to casing? Lock nut
8. Well Disinfected? Yes X No ____
9. Pump and Equipment Disinfected? Yes x No ____
10. Pressure Tank Size ____ gal. Type ____
    Location ____
11. Water Sample Submitted? Yes ____ No X

REMARKS:

owner instructed to take sample.

Co #30421

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Krohn Conste. Well No. ____
    Address 1168 N. Cooper, New Lenox
    Driller Rod Wellendorf License No. 102-
11. Permit No. 200 Date 5-17-88
12. Water from Lime (Formation) 13. County Will
    at depth ____ to ____ ft.
    Sec. 15
    Twp. 34N
    Rge. 11E
    Elev. ____
14. Screen: Diam. ____ in.
    Length: ____ ft. Slot ____
15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	Black Steel	0	65

SHOW LOCATION IN SECTION PLAT (X marked in grid)

SE SE NW

16. Size Hole below casing: 5 in.
17. Static level 40 ft. below casing top which is 1 ft. above ground level. Pumping level 110 ft. when pumping at 10 gpm for 4 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Clay & Shale	60	60
Limestone	100	160

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Rod Wellendorf IBM DATE 11-2-88

IDPH 4.065
1/74 – KNB-1

White Copy – Ill. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, ROOM 616, STATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS, 62706. DO NOT DETACH GEOLOGICAL / WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug____. Bored____. Hole Diam.____in. Depth____ft.
   Curb material____. Buried Slab: Yes____No____
   b. Driven____. Drive Pipe Diam.____in. Depth____ft.
   c. Drilled ✓. Finished in Drift____. In Rock ✓.
   Tubular____. Gravel Packed____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:
   Building House 24 Ft. Seepage Tile Field 75'
   Cess Pool none Sewer (non Cast iron)____
   Privy none Sewer (Cast iron) 40
   Septic Tank 50' Barnyard none
   Leaching Pit none Manure Pile none
3. Is water from this well to be used for human consumption?
   Yes yes No____
4. Date well completed Oct 29 – 1974
5. Permanent Pump Installed? Yes yes No____
   Manufacturer Gould Type Sub' mers.
   Capacity 20 gpm. Depth of setting 40 ft.
6. Well Top Sealed? Yes yes No____
7. Pitless Adaptor Installed? Yes yes No____
8. Well Disinfected? Yes yes No____
9. Water Sample Submitted? Yes____ No____

REMARKS: Owner instructed to Submitt Sample later.

This Pump Installed Personally.

IDPH 4.065
10/68

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Douglas Kestel Well No. 3
    Address 101 S Taylor Ave Joliet Ill
    Driller T. Delaney License No. 102 – 62
11. Permit No. 33950 Date Nov 4, 1974
12. Water from Limestone 13. County Will
    Formation
    at depth 55 to 100 ft. Sec. 4 2h
    Twp. 34N
14. Screen: Diam.____in. Rge. 11E
    Length:____ft. Slot____ Elev.____

			X

SHOW LOCATION IN SECTION PLAT
110'S
1196'W
NE¼ NE

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	Black . 15 lb.	1' above Gr.	57

16. Size Hole below casing: 5 in.
17. Static level 14 ft. below casing top which is 1 ft. above ground level. Pumping level 14 ft. when pumping at 20 gpm for 2 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Yellow Clay	12	12
Blue Clay (normal)	40	52
Blue Clay (some Gravel)	2	54
Gravel Sand etc.	1	55
Limestone Rock	45	100

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED T. D. Delaney DATE Nov. 4, 1974

White Copy – Ill. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUIRED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug ____. Bored ____. Hole Diam. 5 in. Depth 145 ft.
   Curb material ____. Buried Slab: Yes ____ No ____
   b. Driven ____. Drive Pipe Diam. 5 in. Depth 49 ft.
   c. Drilled X. Finished in Drift ____. In Rock X.
   Tubular ____. Gravel Packed ____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:
   Building 30 Ft. — Seepage Tile Field 75'
   Cess Pool ____ — Sewer (non Cast iron) ____
   Privy ____ — Sewer (Cast iron) ____
   Septic Tank 50' — Barnyard ____
   Leaching Pit ____ — Manure Pile ____
3. Well furnishes water for human consumption? Yes X No ____
4. Date well completed 1-11-85
5. Permanent Pump Installed? Yes ____ Date ____ No X
   Manufacturer ____ Type ____ Location ____
   Capacity ____ gpm. Depth of Setting ____ Ft.
6. Well Top Sealed? Yes X No ____ Type Vermin-Proof (Wms.)
7. Pitless Adapter Installed? Yes ____ No ____
   Manufacturer ____ Model Number ____
   How attached to casing? ____
8. Well Disinfected? Yes X No ____
9. Pump and Equipment Disinfected? Yes ____ No ____
10. Pressure Tank Size ____ gal. Type ____
    Location ____
11. Water Sample Submitted? Yes ____ No X

REMARKS:

County # 28304

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner McGuire Well & Pump Well No. 1
    Address Rt. 52, Manhattan, IL
    Driller Charles Fykes License No. 23
11. Permit No. 116382 Date 1-11-85
12. Water from Limestone (Formation) 13. County Will
    at depth 49 to 145 ft. Sec. 6
14. Screen: Diam. ____ in. Twp. 34N
    Length: ____ ft. Slot ____ Rge. 11E
    Elev. ____

	X	X	

SHOW LOCATION IN SECTION PLAT
NW NE NW

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5"	A-53 15 lbs.	0	49

16. Size Hole below casing: 5 in.
17. Static level 30 ft. below casing top which is +1 ft. above ground level. Pumping level 85 ft. when pumping at 10 gpm for 1 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Top Soil	5'	5'
Clay	44'	49'
Limestone	96'	145'

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Charles Fykes DATE Jan. 14, 1985

IDPH 4.065
1/74 – KNB-1

White Copy – Ill. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUIRED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug____. Bored____. Hole Diam. 5 in. Depth____ft.
   Curb material _____. Buried Slab: Yes_____No_____
   b. Driven_____ Drive Pipe Diam._____in. Depth_____ft.
   c. Drilled X Finished in Drift_____. In Rock_____.
   Tubular_____ Gravel Packed_____.
   d. Grout:

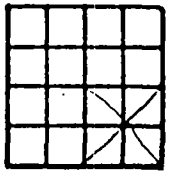
(KIND)	FROM (Ft.)	TO (Ft.)
cuttings	0	77

2. Distance to Nearest:
   Building 25 Ft. Seepage Tile Field 75
   Cess Pool_____ Sewer (non Cast iron)_____
   Privy_____ Sewer (Cast iron)_____
   Septic Tank_____ Barnyard_____
   Leaching Pit_____ Manure Pile_____
3. Well furnishes water for human consumption? Yes X No____
4. Date well completed 9-19-84
5. Permanent Pump Installed? Yes X Date_____No____
   Manufacturer_____Type_____Location well
   Capacity 10 gpm. Depth of Setting 80 Ft.
6. Well Top Sealed? Yes X No____Type Williams
7. Pitless Adapter Installed? Yes X No____
   Manufacturer Baker Model Number_____
   How attached to casing? locknut
8. Well Disinfected? Yes X No____
9. Pump and Equipment Disinfected? Yes X No____
10. Pressure Tank Size____gal. Type_____
    Location_____
11. Water Sample Submitted? Yes_____No X

REMARKS:
Owner instructed to take sample.

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Don-Henry Inc. / Chris Hargan Well No._____
    Address 16018 S. 91st Ave., W. Haven Ill.
    Driller Will County Well Drilling License No. 102-000445
11. Permit No. 114305 Date 8-22-84
12. Water from Limestone Formation 13. County Will
    at depth____to____ft. Sec. 1
14. Screen: Diam._____in. Twp. 35N
    Length:____ft. Slot_____ Rge. 11E
    Elev.____



15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	Black Steel	0	77

SHOW LOCATION IN SECTION PLAT
Lot #75 Rolling Heights SE

16. Size Hole below casing: 5 in.
17. Static level 60 ft. below casing top which is 1 ft. above ground level. Pumping level 80 ft. when pumping at 10 gpm for 4 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Shale	55	55
Sand & Gravel	22	77
Limestone	48	125

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Ronald Rot DATE 11-9-84

IDPH 4.065
1/74 – KNB-1

[illegible]
[illegible]
Yellow Copy - [illegible] Contractor
Pink Copy - [illegible] Owner

FILL IN ALL PERTINENT INFORMATION REQU[illegible]D AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, ROOM 615, [illegible]ATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS 62706. DO NOT DETACH GEOLOGICAL / WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug ____. Bored ____. Hole Diam. 5 in. Depth 145 ft.
      Curb material ____. Buried Slab: Yes ____ No ____
   b. Driven ____. Drive Pipe Diam. 5 in. Depth 52 ft.
   c. Drilled ✓. Finished in Drift ____. In Rock ✓.
      Tubular ____. Gravel Packed ____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:
   Building 22 Ft. Seepage Tile Field 75
   Cess Pool ____ Sewer (non Cast Iron) ____
   Privy ____ Sewer (Cast Iron) ____
   Septic Tank 50 Barnyard ____
   Leaching Pit ____ Manure Pile ____
3. Is water from this well to be used for human consumption?
   Yes ✓ No ____
4. Date well completed 8-2-72
5. Permanent Pump Installed? Yes ✓ No ____
   Manufacturer Webtrol Type Subm.
   Capacity 600 gpm. Depth of setting 145 ft.
6. Well Top Sealed? Yes ✓ No ____
7. Pitless Adaptor Installed? Yes ✓ No ____
8. Well Disinfected? Yes ✓ No ____
9. Water Sample Submitted? Yes ____ No ✓

REMARKS:

IDPH 4.065
10/68

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Kenneth Hodges Well No. 1 [illegible]
    Address New Lenox
    Driller Marlow License No. [illegible]
11. Permit No. 19297 Date 11-15-72
12. Water from Limestone (Formation) 13. County Will
    at depth 0 to 52 ft.
    Sec. 7
    Twp. 35 N
    Rge. 11 E
    Elev. ____
14. Screen: Diam. ____ in.
    Length: ____ ft. Slot ____
15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	Black 15#	0	52

SHOW LOCATION IN SECTION PLAT

Lot 1 George H. Sel[illegible] Sub S/2

16. Size Hole below casing: ____ in.
17. Static level ____ ft. below casing top which is ____ ft. above ground level. Pumping level ____ ft. when pumping at ____ gpm for ____ hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Clay & Gravel	0	52
Limestone	52	145

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED [illegible signature] DATE 11-15-72

Will Du Page Drlg.

White Copy – Ill. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug____. Bored____. Hole Diam. 5 in. Depth 160 ft.
   Curb material _____. Buried Slab: Yes_____ No_____
   b. Driven _____. Drive Pipe Diam. 5 in. Depth 75 ft.
   c. Drilled _____. Finished in Drift _____. In Rock _____.
   Tubular _____. Gravel Packed _____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:
   Building 20 Ft. Seepage Tile Field 75
   Cess Pool _____ Sewer (non Cast iron) _____
   Privy _____ Sewer (Cast iron) _____
   Septic Tank _____ Barnyard _____
   Leaching Pit _____ Manure Pile _____
3. Well furnishes water for human consumption? Yes X No_____
4. Date well completed 8-25
5. Permanent Pump Installed? Yes X Date 8-26 No_____
   Manufacturer [illegible] Type Sub. Location _____
   Capacity 15 gpm. Depth of Setting 75 Ft.
6. Well Top Sealed? Yes X No_____ Type _____
7. Pitless Adapter Installed? Yes X No_____
   Manufacturer [illegible] Model Number S-10
   How attached to casing? [illegible]
8. Well Disinfected? Yes X No_____
9. Pump and Equipment Disinfected? Yes X No_____
10. Pressure Tank Size 42 gal. Type WX-203
    Location Basement
11. Water Sample Submitted? Yes_____ No_____

REMARKS:

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Mike Macaluso Well No. 225
    Address 1135 Y Columbus DR Wilmington, Ill
    Driller HART License No. 202-63
11. Permit No. 32328 Date 8-22-74
12. Water from Limestone Formation 13. County Will
    at depth 74 to 160 ft. Sec. 11
14. Screen: Diam._____in. Twp. 35N
    Length:_____ft. Slot_____ Rge. 11E
    Elev._____

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	Black	0	74

SHOW LOCATION IN SECTION PLAT
Lot 30 Robert Bartlett's Sub NG

16. Size Hole below casing:_____in.
17. Static level _____ft. below casing top which is _____ft. above ground level. Pumping level _____ft. when pumping at _____ gpm for _____ hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Clay & Gravel	0	74
Limestone	74	160

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED [signature] DATE 9-11-74

Well - DuPage Drilling

IDPH 4.065
1/71 FIII-1

White Copy – Ill. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug____. Borec____. Hole Diam. 5 in. Depth 185 ft.
   Curb material _____. Buried Slab: Yes_____ No_____
   b. Driven _____. Drive Pipe Diam. 5 in. Depth 103 ft.
   c. Drilled X. Finished in Drift _____. In Rock X.
   Tubular _____. Gravel Packed _____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

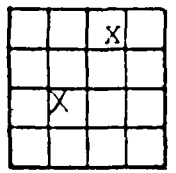
2. Distance to Nearest
   Building 30 Ft. Seepage Tile Field 75'
   Cess Pool _____ Sewer (non Cast iron) _____
   Privy _____ Sewer (Cast iron) _____
   Septic Tank 50' Barnyard _____
   Leaching Pit _____ Manure Pile _____
3. Well furnishes water for human consumption? Yes X No_____
4. Date well completed 8-22-86
5. Permanent Pump Installed? Yes___ Date _____ No X
   Manufacturer _____ Type _____ Location _____
   Capacity_____gpm. Depth of Setting _____Ft.
6. Well Top Sealed? Yes X No_____ Type Vermin-Proof (Wms.)
7. Pitless Adapter Installed? Yes_____ No_____
   Manufacturer _____ Model Number _____
   How attached to casing? _____
8. Well Disinfected? Yes X No _____
9. Pump and Equipment Disinfected? Yes_____ No_____
10. Pressure Tank Size_____gal. Type _____
    Location _____
11. Water Sample Submitted? Yes_____ No X

REMARKS:

C + 31052

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner McGuire Well & Pump Well No. 1
    Address Francis Rd., Joliet, IL
    Driller Charles Fykes License No. 102-23
11. Permit No. 125918 Date 8-12-86
12. Water from Limestone (Formation)
    at depth 100 to 185 ft.
13. County Will
    Sec. 12
    Twp. 35N
    Rge. 11E
    Elev. _____



SHOW LOCATION IN SECTION PLAT
NW NE SW

14. Screen: Diam._____in.
    Length:_____ft. Slot_____
15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5"	A-53 15 lbs.	0	103

16. Size Hole below casing: 5 in.
17. Static level 80 ft. below casing top which is +1 ft. above ground level. Pumping level 100 ft. when pumping at 10 gpm for 1 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Top Soil	4'	4'
Clay	24'	28'
Blue Clay	39'	67'
Gravel	15'	82'
Sand	9'	91'
Gravel	9'	100'
Limestone	85'	185'

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Charles Fykes DATE ~~August 25, 1986~~

IDPH 4.065
1/74 – KNB-1

White Copy – Ill. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. **Type of Well**
   a. Dug____. Bored____. Hole Diam. 5 in. Depth____ft.
   Curb material____. Buried Slab: Yes____No____
   b. Driven____. Drive Pipe Diam.____in. Depth____ft.
   c. Drilled X. Finished in Drift____. In Rock____.
   Tubular____. Gravel Packed____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)
cuttings	0	140

2. **Distance to Nearest:**
   Building 25 Ft. Seepage Tile Field 75
   Cess Pool____ Sewer (non Cast iron)____
   Privy____ Sewer (Cast iron)____
   Septic Tank____ Barnyard____
   Leaching Pit____ Manure Pile____
3. Well furnishes water for human consumption? Yes X No____
4. Date well completed 7-24-86
5. Permanent Pump Installed? Yes X Date____No____
   Manufacturer____Type____Location well
   Capacity 10 gpm. Depth of Setting 140 Ft.
6. Well Top Sealed? Yes X No____Type Williams
7. Pitless Adapter Installed? Yes X No____
   Manufacturer Baker Model Number____
   How attached to casing? locknut
8. Well Disinfected? Yes X No____
9. Pump and Equipment Disinfected? Yes X No____
10. Pressure Tank Size____gal. Type____
    Location____
11. Water Sample Submitted? Yes____No X

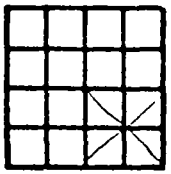
REMARKS:

Owner instructed to take sample.

Co # 29008

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. **Property owner** Daniel Construction **Well No.**____
    Address 1814 Heatherway, New Lenox, Ill.
    Driller Ronald Rob **License No.** 102-00044 5
11. **Permit No.** 125346 **Date** 7-23-86
12. **Water from** Limestone (Formation) **13. County** Will
    at depth____to____ft. Sec. 13
14. **Screen:** Diam.____in. Twp. 35N
    Length:____ft. Slot____ Rge. 11E
    Elev.____



SHOW LOCATION IN SECTION PLAT
Lot 1
SE

15. **Casing and Liner Pipe**

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	Black Steel	0	140

16. **Size Hole below casing:** 5 in.
17. **Static level** 110 ft. below casing top which is 1 ft. above ground level. **Pumping level** 140 ft. when pumping at 10 gpm for 4 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Clay	10	10
SAnd & Gravel	20	30
Clay	15	45
Limestone	125	170

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Ronald Rob DATE 1-12-87

IDPH 4.065
1/74 – KNB-1

White Copy – Ill. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQU[illegible] AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug____. Bored____. Hole Diam. 5 in. Depth____ft.
   Curb material____. Buried Slab: Yes____ No____
   b. Driven____. Drive Pipe Diam.____in. Depth____ft.
   c. Drilled X. Finished in Drift____. In Rock____.
   Tubular____. Gravel Packed____.
   d. Grout:

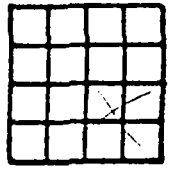
(KIND)	FROM (Ft.)	TO (Ft.)
Cuttings	0	64

2. Distance to Nearest:
   Building 55 Ft. Seepage Tile Field 75
   Cess Pool____ Sewer (non Cast iron)____
   Privy____ Sewer (Cast iron)____
   Septic Tank____ Barnyard____
   Leaching Pit____ Manure Pile____
3. Well furnishes water for human consumption? Yes X No____
4. Date well completed 3-12-87
5. Permanent Pump Installed? Yes X Date____ No____
   Manufacturer____ Type____ Location Well
   Capacity 10 gpm. Depth of Setting 60' Ft.
6. Well Top Sealed? Yes X No____ Type Williamson
7. Pitless Adapter Installed? Yes X No____
   Manufacturer Layne Model Number____
   How attached to casing? Pitcast
8. Well Disinfected? Yes X No____
9. Pump and Equipment Disinfected? Yes X No____
10. Pressure Tank Size____gal. Type____
    Location____
11. Water Sample Submitted? Yes____ No X

REMARKS:
Owner instructed to take sample.
Co # 29415

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Mark Muehler Well No.____
    Address 1964 S. Wolf Rd Wheaton Ill.
    Driller Ron Rob License No. 162-000445
11. Permit No. 129407 Date 3-12-87
12. Water from Broken Lime Formation 13. County Will
    at depth____ to____ft. Sec. 13
14. Screen: Diam.____in. Twp. 35N
    Length:____ft. Slot____ Rge. 11E
    Elev.____



SHOW LOCATION IN SECTION PLAT

SE
Winfield East.

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	Black Steel	0	64

16. Size Hole below casing: 5 in.
17. Static level 35 ft. below casing top which is 1 ft. above ground level. Pumping level 60 ft. when pumping at 10 gpm for 1 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Clay	35	35
Sand & Gravel	25	60
Limestone	10	70
Shale	20	90
Broken Lime	10	100

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Ron Rob (Sm) DATE 5/5/87

IDPH 4.065
1/74 – KNB-1

White Copy – Ill. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug ___. Bored ___. Hole Diam. 5 in. Depth 160 ft.
   Curb material ___. Buried Slab: Yes ___ No D
   b. Driven ___. Drive Pipe Diam. ___ in. Depth ___ ft.
   c. Drilled ___. Finished in Drift ___. In Rock ___.
   Tubular ___. Gravel Packed ___.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)
cuttings	0	90

2. Distance to Nearest:
   Building 25 Ft. — Seepage Tile Field 75
   Cess Pool ___ — Sewer (non Cast iron) ___
   Privy ___ — Sewer (Cast iron) ___
   Septic Tank ___ — Barnyard ___
   Leaching Pit ___ — Manure Pile ___
3. Well furnishes water for human consumption? Yes X No ___
4. Date well completed 8-10-79
5. Permanent Pump Installed? Yes X Date 8-15-79 No ___
   Manufacturer Gould Type Subm Location in well
   Capacity 10 gpm. Depth of Setting 80 Ft.
6. Well Top Sealed? Yes X No ___ Type Williams Cap
7. Pitless Adapter Installed? Yes X No ___
   Manufacturer Williams Model Number B50AC
   How attached to casing? locknut
8. Well Disinfected? Yes X No ___
9. Pump and Equipment Disinfected? Yes X No ___
10. Pressure Tank Size 80 gal. Type Well-X-Trol
    Location SE corner of basement
11. Water Sample Submitted? Yes ___ No X

REMARKS: Owner instructed to take sample.

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner George Jerutis Well No. ___
    Address 9 W. Nebraska St. Frankfort, Il.
    Driller Will-DuPage Drilling License No. 102-000445
11. Permit No. 88477 Date 8-7-79
12. Water from Limestone (Formation)
    at depth ___ to ___ ft.
13. County Will
    Sec. 13
    Twp. 35N
    Rge. 11E
    Elev. ___
14. Screen: Diam. ___ in.
    Length: ___ ft. Slot ___

SHOW LOCATION IN SECTION PLAT

NW

15. Casing and Liner Pipe

Diam. (In.)	Kind and Weight	From (Ft.)	To (Ft.)
5	Black Steel 14.98	0	90

16. Size Hole below casing: 5 in.
17. Static level 55 ft. below casing top which is 1 ft. above ground level. Pumping level 55 ft. when pumping at 10 gpm for 4 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Clay & Gravel	90	90
Limestone	70	160

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Donald Dick DATE 8-17-79

IDPH 4.065
1/74 – KNB-1

White Copy – Ill. Dept of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUIRED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug____. Bored____. Hole Diam. 5 in. Depth____ft.
   Curb material _____. Buried Slab: Yes_____No_____
   b. Driven _____. Drive Pipe Diam. _____in. Depth _____ft.
   c. Drilled X. Finished in Drift _____. In Rock _____.
   Tubular _____. Gravel Packed _____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)
cuttings	0	85

2. Distance to Nearest:
   Building 25 Ft. Seepage Tile Field 75
   Cess Pool _____ Sewer (non Cast iron) _____
   Privy _____ Sewer (Cast iron) _____
   Septic Tank _____ Barnyard _____
   Leaching Pit _____ Manure Pile _____
3. Well furnishes water for human consumption? Yes X No_____
4. Date well completed 2-14-86
5. Permanent Pump Installed? Yes X Date _____ No_____
   Manufacturer _____ Type _____ Location well
   Capacity 10 gpm. Depth of Setting 100 Ft.
6. Well Top Sealed? Yes X No_____ Type Williams
7. Pitless Adapter Installed? Yes X No_____
   Manufacturer Baker Model Number _____
   How attached to casing? locknut
8. Well Disinfected? Yes X No_____
9. Pump and Equipment Disinfected? Yes X No_____
10. Pressure Tank Size_____gal. Type _____
    Location _____
11. Water Sample Submitted? Yes_____ No X

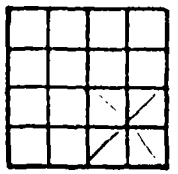
REMARKS:

Owner instructed to take sample.

C. 28725

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Roger & Sue Fraser Well No. _____
    Address 19764 Greenview, Mokena, Ill.
    Driller Ronald Rob License No. 102-000445
11. Permit No. 122285 Date 2-14-86
12. Water from Limestone (Formation)
    at depth _____ to _____ft.
13. County Will
    Sec. 14
    Twp. 35N
    Rge. 11E
    Elev. _____
14. Screen: Diam. _____in.
    Length: _____ft. Slot _____



SHOW LOCATION IN SECTION PLAT
Lot #3
Liberty View Subd.
SE

15. Casing and Liner Pipe

Diam. (In.)	Kind and Weight	From (Ft.)	To (Ft.)
5	Black Steel	0	85

16. Size Hole below casing: 5 in.
17. Static level 60 ft. below casing top which is 1 ft. above ground level. Pumping level 100 ft. when pumping at 10 gpm for 4 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Clay	25	25
Gravel	40	65
Shale	20	85
Limestone	85	170

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Ronald Rob DATE 4-16-86

IDPH 4.065
1/74 – KNB-1

of Public Health
y – Well Contractor
– Well Owner

INSTRUCTIONS TO DRILL

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

ype of Well
. Dug ___. Bored ___. Hole Diam. 5 In. Depth ___ ft.
Curb material ___. Buried Slab: Yes ___ No ___
. Driven ___. Drive Pipe Diam. ___ In. Depth ___ ft.
. Drilled X. Finished in Drift ___. In Rock ___.
Tubular ___. Gravel Packed ___.
. Grout:

(KIND)	FROM (FT.)	TO (FT.)
Cuttings	0	67

Distance to Nearest:
Building 25 Ft. Seepage Tile Field 75
Cess Pool ___ Sewer (non Cast Iron) ___
Privy ___ Sewer (Cast Iron) ___
Septic Tank ___ Barnyard ___
Leaching Pit ___ Manure Pile ___
Well furnishes water for human consumption? Yes X No ___
Date well completed 11-13-87
Permanent Pump Installed? Yes X Date ___ No ___
Manufacturer ___ Type ___ Location Well
Capacity 10 gpm. Depth of Setting 140 Ft.
Well Top Sealed? Yes X No ___ Type Williamson
Pitless Adapter Installed? Yes X No ___
Manufacturer Baker Model Number ___
How attached to casing? Locknut
Well Disinfected? Yes X No ___
Pump and Equipment Disinfected? Yes X No ___
Pressure Tank Size ___ gal. Type ___
Location ___
Water Sample Submitted? Yes ___ No X
REMARKS:
Owner instructed to take sample.
Co # 29963

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Chuck Cheeseman Well No. ___
Address Box #187 New Lenox
Driller Ronald Lott License No. 102-02078
11. Permit No. 135991 Date 9-24-87
12. Water from Limestone Formation 13. County Will
at depth ___ to ___ ft.
14. Screen: Diam. ___ In.
Length: ___ ft. Slot ___
Sec. 14
Twp. 35N
Rge. 11E
Elev. ___

SHOW LOCATION IN SECTION PLAT
Lot #7 SW
New Lenox Farms Unit #2

15. Casing and Liner Pipe

Diam. (In.)	Kind and Weight	From (Ft.)	To (Ft.)
5	Black Steel	0	67

16. Size Hole below casing: 5 In.
17. Static level 60 ft. below casing top which is ___ ft. above ground level. Pumping level 140 ft. when pumping at 10 gpm for 4 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Clay	35	35
Sand & Gravel	31	66
Limestone	89	155

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Rod Wellendorf (Son) DATE 11-19-87

White Copy
Ill. Dept. Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, BUREAU OF ENVIRONMENTAL HEALTH, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62701. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug ____. Bored ____. Hole Diam. 5 in. Depth 160 ft.
      Curb material ____. Buried Slab: Yes ____ No ____
   b. Driven ____. Drive Pipe Diam. 5 in. Depth 40 ft.
   c. Drilled ✓. Finished in Drift ____. In Rock ✓.
      Tubular ____. Gravel Packed ____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:
   Building 22 Ft. Seepage Tile Field 75
   Cess Pool ____ Sewer (non Cast iron) ____
   Privy ____ Sewer (Cast iron) ____
   Septic Tank 50 Barnyard ____
   Leaching Pit ____ Manure Pile ____
3. Is water from this well to be used for human consumption?
   Yes ✓ No ____
4. Date well completed 12-31-73
5. Permanent Pump Installed? Yes ✓ No ____
   Manufacturer Gould Type Subm.
   Capacity 10 gpm. Depth of setting 40 ft.
6. Well Top Sealed? Yes ✓ No ____
7. Pitless Adaptor Installed? Yes ✓ No ____
8. Well Disinfected? Yes ✓ No ____
9. Water Sample Submitted? Yes ____ No ✓

REMARKS:

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Donald Lewis Well No. 646
    Address New Lenox, Ill
    Driller Robbins License No. 102-49
11. Permit No. 26880 Date 12-14-73
12. Water from Limestone (Formation) 13. County Will
    at depth 40 to 160 ft.
    Sec. 16
    Twp. 35N
    Rge. 11E
    Elev. ____
14. Screen: Diam. ____ in.
    Length: ____ ft. Slot ____
15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	Black 15#	0	40

SHOW LOCATION IN SECTION PLAT

Lot #16
Arthur T. McIntosh & Co
New Lenox Woodlands Sub
NW

16. Size Hole below casing: ____ in.
17. Static level ____ ft. below casing top which is ____ ft. above ground level. Pumping level ____ ft. when pumping at ____ gpm for ____ hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Clay & Gravel	0	40
Limestone	40	160

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Peter Roth DATE 3-27-74

Will DuPage Drlg.

IDPH 4.065
10-72
KNB-1

White Copy – Ill. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED. MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, ROOM 616, STATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS, 62706. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug ____. Bored ____. Hole Diam. 5 in. Depth 125 ft.
      Curb material ____. Buried Slab: Yes ____ No ____
   b. Driven ____. Drive Pipe Diam. 5 in. Depth 30 ft.
   c. Drilled X. Finished in Drift ____. In Rock X.
      Tubular ____. Gravel Packed ____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:
   Building 20 Ft. Seepage Tile Field 75'
   Cess Pool ____ Sewer (non Cast iron) ____
   Privy ____ Sewer (Cast iron) ____
   Septic Tank 50 Barnyard ____
   Leaching Pit ____ Manure Pile ____
3. Is water from this well to be used for human consumption? Yes X No ____
4. Date well completed 9-22-71
5. Permanent Pump Installed? Yes X No ____
   Manufacturer BARNES Type SUBMERSIBLE
   Capacity 10 gpm Depth of setting 30 ft.
6. Well Top Sealed? Yes X No ____
7. Pitless Adaptor Installed? Yes X No ____
8. Well Disinfected? Yes X No ____
9. Water Sample Submitted? Yes ____ No X

REMARKS:

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Steve Berggren Well No. 1
    Address 575 [illegible] St. Chicago Heights
    Driller [illegible] License No. 180
11. Permit No. [illegible] Date 5-27-71
12. Water from Limestone (Formation) 13. County Will
    at depth 30 to 125 ft.
    Sec. 16 Twp. 35N Rge. 14E Elev. ____
14. Screen: Diam. ____ in. Length: ____ ft. Slot ____
15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5"	A-53 15 lbs.	0'	30'

SHOW LOCATION IN SECTION PLAT

Lot 9 Old Hickory SE NW

16. Size Hole below casing: 5 in.
17. Static level 10 ft. below casing top which is +1 ft. above ground level. Pumping level 10 ft. when pumping at 10 gpm for 1 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Top Soil	1'	1'
Clay	5'	6'
Shale	24'	30'
Limestone	95'	125'

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED [signature] DATE 12-17-71

IDPH 4.065
10/68

White Copy – Ill. Dept. of Pu... Health
Yellow Copy – W... ntractor
Blue Copy – Well O...

FILL IN ALL PERTINENT INFORMATION REQUE... D AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUME... EALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug ___. Bored ___. Hole Diam. 5 in. Depth 130 ft.
   Curb material ___. Buried Slab: Yes ___ No ___
   b. Driven ___. Drive Pipe Diam. ___ in. Depth ___ ft.
   c. Drilled X. Finished in Drift ___. In Rock X.
   Tubular ___. Gravel Packed ___.
   d. Grout:

KIND	FROM (Ft.)	TO (Ft.)
Cuttings	0	42

2. Distance to Nearest:
   Building 25 Ft. Seepage Tile Field 75
   Cess Pool ___ Sewer (non Cast iron) ___
   Privy ___ Sewer (Cast iron) ___
   Septic Tank ___ Barnyard ___
   Leaching Pit ___ Manure Pile ___
3. Well furnishes water for human consumption? Yes X No ___
4. Date well completed 10-28-77
5. Permanent Pump Installed? Yes X Date 10-28-77 No ___
   Manufacturer Gould Type Subm Location in well
   Capacity 10 gpm. Depth of Setting 65 Ft.
6. Well Top Sealed? Yes X No ___ Type Williams cap
7. Pitless Adapter Installed? Yes X No ___
   Manufacturer Williams Model Number B50AC
   How attached to casing? Locknut
8. Well Disinfected? Yes X No ___
9. Pump and Equipment Disinfected? Yes X No ___
10. Pressure Tank Size 42 gal. Type Well-x-trol
    Location south side of crawl space
11. Water Sample Submitted? Yes ___ No X

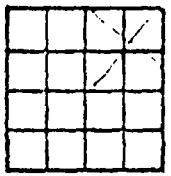
REMARKS:

Owner instructed to take sample.

IDPH 4.065
1/74 – KNB-1

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Steve Peceniak Well No. ___
    Address 539 Old Hickory Rd., New Lenox
    Driller Will-DuPage Drilling License No. 102-43
11. Permit No. 64763 Date 8-4-77
12. Water from Limestone Formation 13. County Will
    at depth ___ to ___ ft.
14. Screen: Diam. ___ in.
    Length: ___ ft. Slot ___
    Sec. 17
    Twp. 35N
    Rge. 11E
    Elev. ___



15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5"	Black Steel	0	42

SHOW LOCATION IN SECTION PLAT
Lot 7, Elwood Gold, ...

16. Size Hole below casing: 5 in.
17. Static level 10 ft. below casing top which is 1 ft. above ground level. Pumping level 40 ft. when pumping at 10 gpm for 4 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Clay & Gravel	42	42
Limestone	88	130

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Donald Rob DATE 12-20-77

FILL IN DEPARTMENT INFORMATION REQUESTED AND FILE ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, ROOM 5 STATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS. DO NOT RETURN GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug ____ Bored ____ Hole Diam. 5 in. Depth 115 ft.
   Curb material ____ Buried Slab: Yes ____ No ____
   b. Driven ____ Drive Pipe Diam. 5 in. Depth 63 ft.
   c. Drilled ____ Finished in Drift ____ In Rock ✓
   Tubular ____ Gravel Packed ____
   d. Grout:

KIND	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:
   Building 18 Ft. Seepage Tile Field 75
   Cess Pool ____ Sewer (non Cast iron) ____
   Privy ____ Sewer (Cast iron) ____
   Septic Tank 50 Barnyard ____
   Leaching Pit ____ Manure Pile ____
3. Is water from this well to be used for human consumption? Yes ✓ No ____
4. Date well completed 8-22-72
5. Permanent Pump Installed? Yes ✓ No ____
   Manufacturer Weltrol Type Sub
   Capacity 600 gpm. Depth of setting 115 ft.
6. Well Top Sealed? Yes ✓ No ____
7. Pitless Adapter Installed? Yes ✓ No ____
8. Well Disinfected? Yes ✓ No ____
9. Water Sample Submitted? Yes ____ No ✓

REMARKS:

IDPH 4.065
10/63

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Charles Heintz Well No. 101
    Address Joliet Ill.
    Driller Stonebergen License No. [illegible]
11. Permit No. 18508 Date 11-14-72
12. Water from Limestone 13. County Will
    at depth 63 to 115 ft.
14. Screen: Diam. ____ in. Sec. 18
    Length: ____ ft. Slot ____ Twp. 35N
    Rge. 11E
    Elev. ____

SHOW LOCATION IN SECTION PLAT

Lot 12 Knollwood Sub. Unit 1 located in above described section

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	Black 15#	0	63

16. Size Hole below casing: ____ in.
17. Static level ____ ft. below casing top which is ____ ft. above ground level. Pumping level ____ ft. when pumping at ____ gpm for ____ hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Clay & Gravel	0	63
Limestone	63	115

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED [signature] DATE 11-14-72

Will DuPage Drlg

White Copy – Ill. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO [illegible]ERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug ____. Bored ____. Hole Diam. 5 in. Depth 140 ft.
      Curb material ____. Buried Slab: Yes ____ No ____
   b. Driven ____. Drive Pipe Diam. ____ in. Depth ____ ft.
   c. Drilled X. Finished in Drift ____. In Rock X.
      Tubular ____. Gravel Packed ____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)
Cuttings		

2. Distance to Nearest:
   Building ____ Ft. Seepage Tile Field 75
   Cess Pool ____ Sewer (non Cast iron) ____
   Privy ____ Sewer (Cast iron) ____
   Septic Tank 50 Barnyard ____
   Leaching Pit ____ Manure Pile ____
3. Well furnishes water for human consumption? Yes X No ____
4. Date well completed 12-24-85
5. Permanent Pump Installed? Yes X Date 1-3-86 No ____
   Manufacturer Jacuzzi Type Sub Location Well
   Capacity 20 gpm. Depth of Setting 80 Ft.
6. Well Top Sealed? Yes X No ____ Type ____
7. Pitless Adapter Installed? Yes X No ____
   Manufacturer Williams Model Number ____
   How attached to casing? Bolted
8. Well Disinfected? Yes X No ____
9. Pump and Equipment Disinfected? Yes X No ____
10. Pressure Tank Size 82 gal. Type WX 203
    Location Basement
11. Water Sample Submitted? Yes ____ No X

REMARKS:

Owner instructed to do so

G. 22100

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner David Sefcik Well No. ____
    Address 240 Rossford(?) New Lenox, Il
    Driller Phil Kuderum(?) License No. 102-84
11. Permit No. 121891 Date 12-27-85
12. Water from Rock (Formation) at depth 25 to 140 ft.
13. County Will
    Sec. 18
    Twp. 35N
    Rge. 11E
    Elev. ____
14. Screen: Diam. ____ in. Length: ____ ft. Slot ____
15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	Black 15 lb	0	54

SHOW LOCATION IN SECTION PLAT
Lot #24
Cherry Hill Manor(?)
NE

16. Size Hole below casing: 4 3/8 in.
17. Static level 25 ft. below casing top which is 1 ft. above ground level. Pumping level 80 ft. when pumping at 20 gpm for 4 hours.

18.

FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Clay	0	5
Sand & Gravel	5	15
Clay	15	25
Sand & Gravel	25	54
Rock	54	140

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Phil Kuderum(?) DATE 1/2/86

IDPH 4.065
1/74 – KNB-1

White Copy – Ill. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug ____ . Bored ____ . Hole Diam. 5 in. Depth 145 ft.
   Curb material ____ . Buried Slab: Yes ____ No ____
   b. Driven ____ . Drive Pipe Diam. 5 in. Depth 49 ft.
   c. Drilled ____ . Finished in Drift ____ . In Rock ____ .
   Tubular ____ . Gravel Packed ____ .
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:
   Building 41 Ft. Seepage Tile Field 75
   Cess Pool ____ Sewer (non Cast iron) ____
   Privy ____ Sewer (Cast iron) ____
   Septic Tank ____ Barnyard ____
   Leaching Pit ____ Manure Pile ____
3. Well furnishes water for human consumption? Yes x No ____
4. Date well completed 10-29-75
5. Permanent Pump Installed? Yes x Date [illegible] No ____
   Manufacturer [illegible] Type ____ Location ____
   Capacity 10 gpm. Depth of Setting 110 Ft.
6. Well Top Sealed? Yes X No ____ Type ____
7. Pitless Adapter Installed? Yes x No ____
   Manufacturer [illegible] Model Number [illegible]
   How attached to casing? [illegible]
8. Well Disinfected? Yes X No ____
9. Pump and Equipment Disinfected? Yes x No ____
10. Pressure Tank Size 42 gal. Type [illegible]
    Location [illegible]
11. Water Sample Submitted? Yes ____ No ____

REMARKS:

IDPH 4.065
1/74 — KNB-1

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner [illegible] Well No. [illegible]
    Address [illegible]
    Driller [illegible] License No. [illegible]
11. Permit No. 42344 Date 10-24-75
12. Water from Limestone (Formation) at depth 49 to 145 ft.
13. County Will
    Sec. 22 Twp. 35N Rge. 11E Elev. ____
14. Screen: Diam. ____ in. Length: ____ ft. Slot ____
15. Casing and Liner Pipe

Diam. (in)	Kind and Weight	From (Ft.)	To (Ft.)
5	BLACK	0	49

SHOW LOCATION IN SECTION PLAT
Rt 54, [illegible] [illegible] Manor [illegible], in W1/2 NE

16. Size Hole below casing: ____ in.
17. Static level ____ ft. below casing top which is ____ ft. above ground level. Pumping level ____ ft. when pumping at ____ gpm for ____ hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
CLAY & GRAVEL	0	49
LIMESTONE	49	145

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED [illegible signature] DATE 11-20-75

– Will DuPage Drlg. Inc.

White Copy – Ill. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug ____ Bored ____ Hole Diam. 5 in. Depth 145 ft.
      Curb material ____ Buried Slab: Yes ____ No ____
   b. Driven ____ Drive Pipe Diam. 5 in. Depth 65 ft.
   c. Drilled ____ Finished in Drift ____ In Rock ____
      Tubular ____ Gravel Packed ____
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:
   Building 31 Ft. Seepage Tile Field 75
   Cess Pool ____ Sewer (non Cast iron) ____
   Privy ____ Sewer (Cast iron) ____
   Septic Tank ____ Barnyard ____
   Leaching Pit ____ Manure Pile ____
3. Well furnishes water for human consumption? Yes X No ____
4. Date well completed 8-24-75
5. Permanent Pump Installed? Yes X Date 8-26-75 No ____
   Manufacturer WEBTROL Type ____ Location ____
   Capacity 10 gpm. Depth of Setting 65' Ft.
6. Well Top Sealed? Yes X No ____ Type ____
7. Pitless Adapter Installed? Yes X No ____
   Manufacturer MARTINSON Model Number S-10
   How attached to casing? LOCKNUT
8. Well Disinfected? Yes X No ____
9. Pump and Equipment Disinfected? Yes X No ____
10. Pressure Tank Size 42 gal. Type WX-202
    Location CRAWLSPACE
11. Water Sample Submitted? Yes ____ No ____

REMARKS:

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Russell BROWN Well No. 1045
    Address JOLIET, ILL
    Driller RCB License No. 102-44
11. Permit No. 39145 Date 7-7-75
12. Water from LIMESTONE (Formation) 13. County Will
    at depth 65 to 145 ft.
    Sec. 22
14. Screen: Diam. ____ in. Twp. 35N
    Length: ____ ft. Slot ____ Rge. 11E
    Elev. ____
15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	BLACK	0	65

SHOW LOCATION IN SECTION PLAT
Lot 53
Lincoln Manor
W/2 NE

16. Size Hole below casing: ____ in.
17. Static level ____ ft. below casing top which is ____ ft. above ground level. Pumping level ____ ft. when pumping at ____ gpm for ____ hours.

18.

FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
CLAY + GRAVEL	0	65
LIMESTONE	65	145

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Ronald Roh DATE 9-24-75

Will DuPage Drlg.

IDPH 4.065
1/74 – KNB-1

White Copy – Ill. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUIRED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, BUREAU OF ENVIRONMENTAL HEALTH, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62701. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug ____. Bored ____. Hole Diam. 5 in. Depth 145 ft.
      Curb material ________. Buried Slab: Yes ____ No ____
   b. Driven ____ Drive Pipe Diam. 5 in. Depth 84 ft.
   c. Drilled ✓. Finished in Drift ____. In Rock ✓.
      Tubular ____. Gravel Packed ____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:
   Building 20 Ft. Seepage Tile Field 75
   Cess Pool ____ Sewer (non Cast iron) ✓
   Privy ____ Sewer (Cast iron) ✓
   Septic Tank 50 Barnyard ____
   Leaching Pit ____ Manure Pile ____
3. Is water from this well to be used for human consumption?
   Yes ____ No ____
4. Date well completed 10-25-73
5. Permanent Pump Installed? Yes ✓ No ____
   Manufacturer Red Jacket Type Sub
   Capacity 10 gpm. Depth of setting 84 ft.
6. Well Top Sealed? Yes ✓ No ____
7. Pitless Adaptor Installed? Yes ____ No ____
8. Well Disinfected? Yes ✓ No ____
9. Water Sample Submitted? Yes ____ No ✓

REMARKS:

IDPH 4.065
10-72
KNB-1

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Carl Batson Well No. 572
    Address Gen Del New Lenox, Ill
    Driller Gilliam License No. 102-43
11. Permit No. 22361 Date Sept 12-73
12. Water from Limestone (Formation) 13. County Will
    at depth 84 to 145 ft. Sec. 26
14. Screen: Diam. ____ in. Twp. 35N
    Length: ____ ft. Slot ____ Rge. 11E
    Elev. ____
15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	B- 15	0	84

SHOW LOCATION IN SECTION PLAT
Lot 3 Spencer Estates Sub

16. Size Hole below casing: ____ in.
17. Static level ____ ft. below casing top which is ____ ft. above ground level. Pumping level ____ ft. when pumping at ____ gpm for ____ hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Clay - Gravel	0	84
Limestone	84	145

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED [signature] DATE 10-29-73

Well - DuPage Drilling

White Copy - Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, BUREAU OF ENVIRONMENTAL HEALTH, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62701. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug ____. Bored ____. Hole Diam. 5 in. Depth 130 ft.
   Curb material ____. Buried Slab: Yes ____ No ____
   b. Driven ✓. Drive Pipe Diam. 5 in. Depth 74 ft.
   c. Drilled ✓. Finished in Drift ____. In Rock ✓.
   Tubular ____. Gravel Packed ____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:
   Building 17 Ft. Seepage Tile Field 75
   Cess Pool ____ Sewer (non Cast iron) ____
   Privy ____ Sewer (Cast iron) ____
   Septic Tank 50 Barnyard ____
   Leaching Pit ____ Manure Pile ____
3. Is water from this well to be used for human consumption? Yes ✓ No ____
4. Date well completed 12-4-72
5. Permanent Pump Installed? Yes ✓ No ____
   Manufacturer Webtrol Type Sub.
   Capacity 6 (?) gpm. Depth of setting 130 ft.
6. Well Top Sealed? Yes ✓ No ____
7. Pitless Adaptor Installed? Yes ✓ No ____
8. Well Disinfected? Yes ✓ No ____
9. Water Sample Submitted? Yes ____ No ✓

REMARKS:

IDPH 4.065
10-72
KNB-1

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner New Lenox Lumber Well No. 245
    Address New Lenox
    Driller Vandiver License No. 92-92
11. Permit No. 31064 Date 11-27-72
12. Water from Limestone (Formation) 13. County Will
    at depth 0 to 74 ft.
    Sec. 27 Twp. 35N Rge. 11E Elev. ____
14. Screen: Diam. ____ in.
    Length: ____ ft. Slot ____
15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	Black 15#	0	74

SHOW LOCATION IN SECTION PLAT
NE NW NW

16. Size Hole below casing: ____ in.
17. Static level ____ ft. below casing top which is ____ ft. above ground level. Pumping level ____ ft. when pumping at ____ gpm for ____ hours.

18.

FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Gravel & Clay	0	74
Limestone	74	130

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Peter Rob[illegible] DATE 12-20-72

Will DuPage Drlg.

White Copy – Ill. Dept. of Public Health -
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, BUREAU OF ENVIRONMENTAL HEALTH, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62701. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug ____. Bored ____. Hole Diam. 5 in. Depth 159 ft.
   Curb material ____. Buried Slab: Yes ____ No ____
   b. Driven ____. Drive Pipe Diam. 5 in. Depth 64 ft.
   c. Drilled ✓. Finished in Drift ____. In Rock ✓.
   Tubular ____. Gravel Packed ____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:
   Building 19 Ft. Seepage Tile Field 25
   Cess Pool ____ Sewer (non Cast iron) ____
   Privy ____ Sewer (Cast iron) ____
   Septic Tank 50 Barnyard ____
   Leaching Pit ____ Manure Pile ____
3. Is water from this well to be used for human consumption?
   Yes ✓ No ____
4. Date well completed 1-2-73
5. Permanent Pump Installed? Yes ✓ No ____
   Manufacturer Weston Type Bottom
   Capacity 600 gpm. Depth of setting 150 ft.
6. Well Top Sealed? Yes ✓ No ____
7. Pitless Adaptor Installed? Yes ✓ No ____
8. Well Disinfected? Yes ____ ✓ No ____
9. Water Sample Submitted? Yes ____ No ✓

REMARKS:

IDPH 4.065
10-72
KNE-1

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Lasky Bros. Well No. 274
    Address Monmouth
    Driller Marlow License No. 92-92
11. Permit No. 21348 Date 1-2-73
12. Water from Limestone Formation 13. County Warren
    at depth 64 to 150 ft/150
    Sec. 27
    Twp. 13N
    Rge. 1E
    Elev. ____
14. Screen: Diam. ____ in.
    Length: ____ ft. Slot ____

SHOW LOCATION IN SECTION PLAT
SW NW NE

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	Black 15#	0	64

16. Size Hole below casing: ____ in.
17. Static level ____ ft. below casing top which is ____ ft. above ground level. Pumping level ____ ft. when pumping ct ____ gpm for ____ hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Clay & Gravel	0	64
Limestone	64	150

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Peter Rule DATE 1-25-73

Will Run Page Only.

White Copy – Ill. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO D[illegible]ERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug ____. Bored ____. Hole Diam. 5 in. Depth 140 ft.
      Curb material ____. Buried Slab: Yes ____ No ____
   b. Driven ____. Drive Pipe Diam. ____ in. Depth ____ ft.
   c. Drilled X. Finished in Drift ____. In Rock X.
      Tubular ____. Gravel Packed ____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)
Cuttings		

2. Distance to Nearest:
   Building ____ Ft. Seepage Tile Field 75
   Cess Pool ____ Sewer (non Cast iron) ____
   Privy ____ Sewer (Cast iron) ____
   Septic Tank 50 Barnyard ____
   Leaching Pit ____ Manure Pile ____
3. Well furnishes water for human consumption? Yes X No ____
4. Date well completed 11-15-80
5. Permanent Pump Installed? Yes X Date 11-21-80 No ____
   Manufacturer Barnes Type Sub Location Well
   Capacity 20 gpm. Depth of Setting 60 Ft.
6. Well Top Sealed? Yes X No ____ Type ____
7. Pitless Adapter Installed? Yes X No ____
   Manufacturer [illegible] Model Number ____
   How attached to casing? Bolted
8. Well Disinfected? Yes X No ____
9. Pump and Equipment Disinfected? Yes X No ____
10. Pressure Tank Size 82 gal. Type CA
    Location Basement
11. Water Sample Submitted? Yes ____ No X

REMARKS:

Owner instructed to do so.

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Dave Curtis Well No. ____
    Address Cedar Rd. [illegible]
    Driller Phil Kaiserm[illegible] License No. 103-84
11. Permit No. 97143 Date 11-3-80
12. Water from Rock (Formation) at depth 30 to 140 ft.
13. County Will
    Sec. 28 Twp. 35N Rge. 11E Elev. ____
14. Screen: Diam. ____ in. Length: ____ ft. Slot ____
15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	Black 15 lb	0	80

SHOW LOCATION IN SECTION PLAT: NE NE SE

16. Size Hole below casing: 4 7/8 in.
17. Static level 30 ft. below casing top which is 1 ft. above ground level. Pumping level 60 ft. when pumping at 20 gpm for 4 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Soil	0	5
Clay	5	40
Gravel	40	80
Rock	80	140

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Phil Kaiserm[illegible] DATE 11-24-80

IDPH 4.065
1/74 – KNB-1

White Copy – Ill. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug____. Borec ____. Hole Diam. 5 in. Depth 185 ft.
   Curb material _____. Buried Slab: Yes_____ No_____
   b. Driven _____. Drive Pipe Diam. 5 in. Depth 40 ft.
   c. Drilled X. Finished in Drift _____. In Rock X.
   Tubular _____. Gravel Packed _____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest
   Building 35' Ft. Seepage Tile Field +125'
   Cess Pool _____ Sewer (non Cast iron) _____
   Privy _____ Sewer (Cast iron) _____
   Septic Tank +100' Barnyard _____
   Leaching Pit _____ Manure Pile _____
3. Well furnishes water for human consumption? Yes X No ____
4. Date well completed 10-6-88
5. Permanent Pump Installed? Yes___ Date _____ No X
   Manufacturer _____ Type _____ Location _____
   Capacity_____gpm Depth of Setting _____ Ft.
6. Well Top Sealed? Yes X No____ Type Vermin-Proof (Wms.)
7. Pitless Adapter Installed? Yes X No_____
   Manufacturer Williams Model Number 501TC
   How attached to casing? Compression Gasket Connection
8. Well Disinfected? Yes X No _____
9. Pump and Equipment Disinfected? Yes_____ No _____
10. Pressure Tank Size_____gal. Type _____
    Location _____
11. Water Sample Submitted? Yes_____ No X

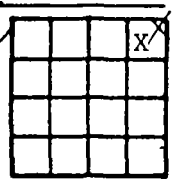
REMARKS:

RECEIVED #30738
NOV 30 1988
DIVISION OF ENVIRONMENTAL HEALTH

IDPH 4.065
1/74 – KNB-1

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Rod Heeg Well No. 1
    Address Cedar Road Lockport, IL
    Driller Charles Fykes License No. 102-000239
11. Permit No. 006349 Date 11-28-88
12. Water from Limestone Formation 13. County Will
    at depth 38 to 185 ft. Sec. 28.
    14. Screen: Diam. _____ in. Twp. 35N
    Length: _____ ft. Slot _____ Rge. 11E
    Elev. _____



SHOW LOCATION IN SECTION PLAT
NE NE NE

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	A-53 15 lbs.	0	40

16. Size Hole below casing: 5 in.
17. Static level 10 ft. below casing top which is +1 ft. above ground level. Pumping level 100 ft. when pumping at 12 gpm for 2 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Top Soil	2'	2'
Clay	28'	30'
Gravel	8'	38'
Limestone	147'	185'

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Charles Fykes DATE 11-28-88

White Copy - Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug ____. Bored ____. Hole Diam. 5 in. Depth 160 ft.
   Curb material ____. Buried Slab: Yes ____ No ____
   b. Driven ____. Drive Pipe Diam. ____ in. Depth ____ ft.
   c. Drilled X. Finished in Drift ____. In Rock X.
   Tubular ____. Gravel Packed ____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)
Cuttings		

2. Distance to Nearest:
   Building ____ Ft. Seepage Tile Field 25
   Cess Pool ____ Sewer (non Cast iron) ____
   Privy ____ Sewer (Cast iron) ____
   Septic Tank 5'2 Barnyard ____
   Leaching Pit ____ Manure Pile ____
3. Well furnishes water for human consumption? Yes X No ____
4. Date well completed 5-20-88
5. Permanent Pump Installed? Yes X Date ____ No ____
   Manufacturer Sta-Rite Type Sub Location Well
   Capacity 20 gpm. Depth of Setting 120 Ft.
6. Well Top Sealed? Yes X No ____ Type ____
7. Pitless Adapter Installed? Yes X No ____
   Manufacturer Williams Model Number ____
   How attached to casing? Bolted
8. Well Disinfected? Yes X No ____
9. Pump and Equipment Disinfected? Yes X No ____
10. Pressure Tank Size ____ gal. Type W x 302
    Location Basement
11. Water Sample Submitted? Yes ____ No X

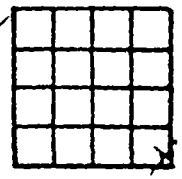
REMARKS:

#11 owner instructed to do so

Co #30459

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner County Village Hwy Well No. ____
    Address 17510 McCarron, Lockport 60441
    Driller Phil Jamison License No. 102-84
11. Permit No. 2225 Date 5-23-88
12. Water from Rock (Formation)
    at depth 80 to 160 ft.
13. County Will
    Sec. 29.1a
    Twp. 35N
    Rge. 11E
    Elev. ____
14. Screen: Diam. ____ in.
    Length: ____ ft. Slot ____



SHOW LOCATION IN SECTION PLAT
SE SE SE

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	PVC	0	80

16. Size Hole below casing: 4 3/4 in.
17. Static level 80 ft. below casing top which is 1 ft. above ground level. Pumping level 120 ft. when pumping at 20 gpm for 4 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Soil	0	3
Clay	3	65
Gravel	65	80
Rock	80	160

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Phil Jamison DATE 6-10-88

IDPH 4.065
1/74 — KNB-1

White Copy – Ill. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug ____. Bored ____. Hole Diam. 5 in. Depth 160 ft.
   Curb material ____. Buried Slab: Yes ____ No ____
   b. Driven ____. Drive Pipe Diam. 5 in. Depth 83 ft.
   c. Drilled ____. Finished in Drift ____. In Rock ____.
   Tubular ____. Gravel Packed ____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:
   Building 21 Ft. Seepage Tile Field 75
   Cess Pool ____ Sewer (non Cast iron) ____
   Privy ____ Sewer (Cast iron) ____
   Septic Tank ____ Barnyard ____
   Leaching Pit ____ Manure Pile ____
3. Well furnishes water for human consumption? Yes X No ____
4. Date well completed 3-4-76
5. Permanent Pump Installed? Yes X Date 3-5-75 No ____
   Manufacturer [illegible] Type ____ Location ____
   Capacity 10 gpm. Depth of Setting 83 Ft.
6. Well Top Sealed? Yes X No ____ Type ____
7. Pitless Adapter Installed? Yes X No ____
   Manufacturer Martinson Model Number S-10
   How attached to casing? Locknut
8. Well Disinfected? Yes X No ____
9. Pump and Equipment Disinfected? Yes X No ____
10. Pressure Tank Size 42 gal. Type WX-202
    Location Crawspace
11. Water Sample Submitted? Yes ____ No ____

REMARKS:

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner [illegible] Well No. 1150
    Address [illegible] Ill
    Driller Troutman License No. 102-44
11. Permit No. 44998 Date 3-?-76
12. Water from Limestone (Formation) at depth 83 to 160 ft.
13. County Will
    Sec. 29 Twp. 35N Rge. 11E Elev. ____
14. Screen: Diam. ____ in. Length: ____ ft. Slot ____

SHOW LOCATION IN SECTION PLAT: X (SW corner) — SW SW SW

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	Black	0	83

16. Size Hole below casing: ____ in.
17. Static level ____ ft. below casing top which is ____ ft. above ground level. Pumping level ____ ft. when pumping at ____ gpm for ____ hours.

18.

FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Clay + Gravel	0	83
Limestone	83	160

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Donald [illegible] DATE 4-28-76

Will DuPage Drlg.

IDPH 4.065
1/74 – KNB-1

White Copy – Ill. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug____. Bored____. Hole Diam. 5 in. Depth 165 ft.
   Curb material _____. Buried Slab: Yes_____ No_____
   b. Driven_____ Drive Pipe Diam. 5 in. Depth 83 ft.
   c. Drilled X. Finished in Drift _____. In Rock X.
   Tubular _____. Gravel Packed _____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

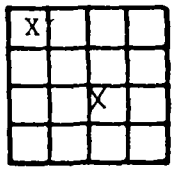
2. Distance to Nearest:
   Building 30 Ft. Seepage Tile Field 120'
   Cess Pool _____ Sewer (non Cast iron) _____
   Privy _____ Sewer (Cast iron) _____
   Septic Tank 100' Barnyard _____
   Leaching Pit _____ Manure Pile _____
3. Well furnishes water for human consumption? Yes X No_____
4. Date well completed April 1, 1988
5. Permanent Pump Installed? Yes X Date 4-06-88 No_____
   Manufacturer Webtrol Type Subm. Location Well
   Capacity 15 gpm. Depth of Setting 100 Ft.
6. Well Top Sealed? Yes X No_____ Type Vermin-Proof (Wms.)
7. Pitless Adapter Installed? Yes X No_____
   Manufacturer Williams Model Number 501TC
   How attached to casing? Compression Gasket Connection
8. Well Disinfected? Yes X No_____
9. Pump and Equipment Disinfected? Yes X No_____
10. Pressure Tank Size 88 gal. Type WM-25 Well Mate
    Location basement
11. Water Sample Submitted? Yes_____ No X

REMARKS: Co #30340

IDPH 4.065
1/74 – KNB-1

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Richard Wise Well No. 1
    Address Rt. 2 Oak Avenue Lockport, IL
    Driller Charles Fykes License No. 102-00239
11. Permit No. 000758 Date 3-22-88
12. Water from Limestone Formation
    at depth 83 to 165 ft.
13. County Will
    Sec. 31.4d
    Twp. 35 N
    Rge. 11 E
    Elev. _____



SHOW LOCATION IN SECTION PLAT
NW NW SE

14. Screen: Diam._____in.
    Length:_____ft. Slot_____

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	A-53 15 lbs	0	83

16. Size Hole below casing: 5 in.
17. Static level 40 ft. below casing top which is +1 ft. above ground level. Pumping level 80 ft. when pumping at 15 gpm for 1 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Top Soil	10'	10'
Clay	20'	30
Sand & Gravel	53'	83'
Limestone	82'	165'

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Charles Fykes DATE 4-25-88

White Copy – Ill. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug____. Bored____. Hole Diam. 5 in. Depth 125 ft.
   Curb material____. Buried Slab: Yes____ No____
   b. Driven____. Drive Pipe Diam. 5 in. Depth 47 ft.
   c. Drilled X. Finished in Drift____. In Rock X.
   Tubular____. Gravel Packed____.
   d. Grout:

KIND	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:
   Building 30 Ft. — Seepage Tile Field 75'
   Cess Pool____ — Sewer (non Cast iron)____
   Privy____ — Sewer (Cast iron)____
   Septic Tank 50' — Barnyard____
   Leaching Pit____ — Manure Pile____
3. Well furnishes water for human consumption? Yes X No____
4. Date well completed 11-11-83
5. Permanent Pump Installed? Yes____ Date____ No X
   Manufacturer____ Type____ Location____
   Capacity____ gpm. Depth of Setting____ Ft.
6. Well Top Sealed? Yes X No____ Type Vermin-Proof (Wms.)
7. Pitless Adapter Installed? Yes____ No____
   Manufacturer____ Model Number____
   How attached to casing?____
8. Well Disinfected? Yes X No____
9. Pump and Equipment Disinfected? Yes____ No____
10. Pressure Tank Size____ gal. Type____
    Location____
11. Water Sample Submitted? Yes____ No X

REMARKS:

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Eugene Fritz Well No. 1
    Address Rt. 52 & Schweizer Rd.
    Driller Charles Fykes License No. 23
11. Permit No. 110415 Date 11-9-83
12. Water from Limestone Formation 13. County Will
    at depth 46 to 125 ft. Sec. 31.7a
14. Screen: Diam.____ in. Twp. 35N
    Length:____ ft. Slot____ Rge. 11E
    Elev.____

	X		

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5"	A-53 15 lbs.	0	47

SHOW LOCATION IN SECTION PLAT
SE SW SW

16. Size Hole below casing: 5 in.
17. Static level 5 ft. below casing top which is +1 ft. above ground level. Pumping level 10 ft. when pumping at 12 gpm for 1 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Top Soil	2'	2'
Clay	42'	44'
Gravel	2'	46'
Limestone	79'	125'

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED____ DATE December 1, 1983

IDPH 4.065
1/74 – KNB-1

White Copy – Ill. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug ___. Bored ___. Hole Diam. 5 in. Depth 100 ft.
   Curb material ___. Buried Slab: Yes ___ No ___
   b Driven ___. Drive Pipe Diam. 5 in. Depth 43 ft.
   c Drilled ___. Finished in Drift ___. In Rock ___.
   Tubular ___. Gravel Packed ___.
   d Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:
   Building 21 Ft. Seepage Tile Field 75
   Cess Pool ___ Sewer (non Cast iron) ___
   Privy ___ Sewer (Cast iron) ___
   Septic Tank ___ Barnyard ___
   Leeching Pit ___ Manure Pile ___
3. Well furnishes water for human consumption? Yes X No ___
4. Date well completed 7-19-76
5. Permanent Pump Installed? Yes X Date 7-19 No ___
   Manufacturer Meyers Type ___ Location ___
   Capacity 10 gpm. Depth of Setting 43 Ft.
6. Well Top Sealed? Yes X No ___ Type ___
7. Pitless Adapter Installed? Yes X No ___
   Manufacturer Mautinas Model Number 10-5
   How attached to casing? Locknut
8. Well Disinfected? Yes X No ___
9. Pump and Equipment Disinfected? Yes X No ___
10. Pressure Tank Size 43 gal. Type Well-O-Matic
    Location Basement
11. Water Sample Submitted? Yes ___ No ___

REMARKS:

IDPH 4.065
1/74 – KNB-1

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Larry Wennlund Well No. 1453
    Address 1234 W. Cedar Wl
    Driller Layne-Western License No. 102-44
11. Permit No. 49826 Date 7-19-76
12. Water from Lime Stone Formation 13. County Will
    at depth 43 to 100 ft. Sec. 32 NW
    14. Screen: Diam. ___ in. Twp. 35N
    Length: ___ ft. Slot ___ Rge. 11E
    Elev. ___

SHOW LOCATION IN SECTION PLAT

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	Black	0	43

16. Size Hole below casing: ___ in.
17. Static level ___ ft. below casing top which is ___ ft. above ground level. Pumping level ___ ft. when pumping at ___ gpm for ___ hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Clay & Gravel	43	43
Lime Stone	57	100

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Ronald Rob DATE 10-20-76
Well Driller Page Pump, Inc.

White Copy – Ill. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug____. Bored____. Hole Diam. 5 in. Depth____ft.
   Curb material____. Buried Slab: Yes____No____
   b. Driven____. Drive Pipe Diam.____in. Depth____ft.
   c. Drilled X. Finished in Drift____. In Rock____.
   Tubular____. Gravel Packed____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)
cuttings	0	72

2. Distance to Nearest:
   Building 25 Ft. Seepage Tile Field 75
   Cess Pool____ Sewer (non Cast iron)____
   Privy____ Sewer (Cast iron)____
   Septic Tank____ Barnyard____
   Leaching Pit____ Manure Pile____
3. Well furnishes water for human consumption? Yes X No____
4. Date well completed 9-9-83
5. Permanent Pump Installed? Yes X Date____ No
   Manufacturer____ Type____ Location Well
   Capacity 10 gpm. Depth of Setting 120 Ft.
6. Well Top Sealed? Yes X No____ Type Williams
7. Pitless Adapter Installed? Yes X No____
   Manufacturer Baker Model Number____
   How attached to casing? locknut
8. Well Disinfected? Yes X No____
9. Pump and Equipment Disinfected? Yes X No____
10. Pressure Tank Size____gal. Type____
    Location____
11. Water Sample Submitted? Yes____ No X

REMARKS:

Owner instructed to take sample.

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Gerald Kestel Well No.____
    Address 2 Housed South of Laraway Rd. on Cedar
    Driller Will Co. Well Drilling License No. 102-0057
11. Permit No. 109233 Date 9-8-83
12. Water from Limestone Formation 13. County Will
    at depth____ to____ft. Sec. 33-1/4
14. Screen: Diam.____in. Twp. 35N
    Length:____ft. Slot____ Rge. 11E
    Elev.____

SHOW LOCATION IN SECTION PLAT
NE SE NE

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	Black Steel	0	72

16. Size Hole below casing: 5 in.
17. Static level 100 ft. below casing top which is 1 ft. above ground level. Pumping level 120 ft. when pumping at 10 gpm for 4 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Surface & Clay	65	65
Sand & Gravel	5	70
Broken Lime	2	72
Limestone	118	190

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Ronald Kestel DATE 10-10-84

IDPH 4.065
1/71 – KNB-1
(69571 – 12¼M Sets—6-74)

White Copy – Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug ___. Bored ___. Hole Diam. 5 in. Depth 110 ft.
   Curb material ___. Buried Slab: Yes ___ No ___
   b. Driven ___. Drive Pipe Diam. ___ in. Depth ___ ft.
   c. Drilled ___. Finished in Drift ___. In Rock ___.
   Tubular ___. Gravel Packed ___.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)
cuttings	0	70

2. Distance to Nearest:
   Building 25 Ft. Seepage Tile Field 75
   Cess Pool ___ Sewer (non Cast iron) ___
   Privy ___ Sewer (Cast iron) ___
   Septic Tank ___ Barnyard ___
   Leaching Pit ___ Manure Pile ___
3. Well furnishes water for human consumption? Yes x No ___
4. Date well completed 11-13-79
5. Permanent Pump Installed? Yes x Date 11-16-79 No ___
   Manufacturer Gould Type Subm Location in well
   Capacity 10 gpm. Depth of Setting 60' Ft.
6. Well Top Sealed? Yes x No ___ Type Williams Cap
7. Pitless Adapter Installed? Yes x No ___
   Manufacturer Williams Model Number B50AC
   How attached to casing? locknut
8. Well Disinfected? Yes x No ___
9. Pump and Equipment Disinfected? Yes x No ___
10. Pressure Tank Size 220 gal. Type Well-X-Trol
    Location Utility Room
11. Water Sample Submitted? Yes ___ No x

REMARKS: Owner instructed to take sample.

IDPH 4.065
1/74 – KNB-1

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Christ's Mission Lutheran Church Well No. ___
    Address P.O. Box 225 New Lenox, Il.
    Driller Will-DuPage Drilling License No. 102-000445
11. Permit No. 91384 Date 11-13-79
12. Water from Limestone (Formation) 13. County Will
    at depth ___ to ___ ft. Sec. 34
14. Screen: Diam. ___ in. Twp. 35N
    Length: ___ ft. Slot ___ Rge. 11E
    Elev. ___

SHOW LOCATION IN SECTION PLAT
SW SW SW

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	Black Steel 14.98	0	70

16. Size Hole below casing: 5 in.
17. Static level 20 ft. below casing top which is 1 ft. above ground level. Pumping level 20 ft. when pumping at 10 gpm for 4 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Clay & Gravel	70	70
Limestone	40	110

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED [signature] DATE 11-19-79

INSTRUCTIONS TO DRILLERS

White Copy – Ill. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, BUREAU OF ENVIRONMENTAL HEALTH, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62701. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug ____. Bored ____. Hole Diam. 5 in. Depth 145 ft.
      Curb material ____. Buried Slab: Yes ____ No ____
   b. Driven ____. Drive Pipe Diam. 5 in. Depth 75 ft.
   c. Drilled ✓. Finished in Drift ____. In Rock ✓.
      Tubular ____. Gravel Packed ____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:
   Building 20 Ft. Seepage Tile Field 75
   Cess Pool ____ Sewer (non Cast iron) ____
   Privy ____ Sewer (Cast iron) ✓
   Septic Tank 50 Barnyard ____
   Leeching Pit ____ Manure Pile ____
3. Is water from this well to be used for human consumption?
   Yes ✓ No ____
4. Date well completed Sept 2-73
5. Permanent Pump Installed? Yes ✓ No ____
   Manufacturer [illegible] Type Sub
   Capacity 10 gpm. Depth of setting 100 ft.
6. Well Top Sealed? Yes ✓ No ____
7. Pitless Adaptor Installed? Yes ✓ No ____
8. Well Disinfected? Yes ✓ No ____
9. Water Sample Submitted? Yes ____ No ✓

REMARKS:

IDPH 4.065
10-72
KNB-1

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner New Lenox [illegible] Well No. 540
    Address New Lenox
    Driller Hart License No. 102-4[illegible]
11. Permit No. 23437 Date Sept 14-73
12. Water from Limestone (Formation) 13. County Will
    at depth 75 to 75 ft. 145 Sec. 36
14. Screen: Diam. ____ in. Twp. 35 N
    Length: ____ ft. Slot ____ Rge. 11E
    Elev. ____
15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	B 15	0	75

SHOW LOCATION IN SECTION PLAT
Lot 23 Windermere South Sub. S/2 SW

16. Size Hole below casing: 5 in.
17. Static level 50 ft. below casing top which is ____ ft. above ground level. Pumping level 50 ft. when pumping at 10 gpm for 1 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Clay	0	75
Limestone	75	145

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED [illegible signature] DATE 9-3-73

Will-DuPage Drilling

White Copy - Ill. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, BUREAU OF ENVIRONMENTAL HEALTH, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62701. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug____. Bored____. Hole Diam. 5 in. Depth 150 ft.
   Curb material _____. Buried Slab: Yes_____ No_____
   b. Driven _____. Drive Pipe Diam. 5 in. Depth 57 ft.
   c. Drilled _____. Finished in Drift _____. In Rock X.
   Tubular _____. Gravel Packed _____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

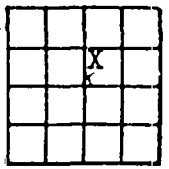
2. Distance to Nearest:
   Building 25 Ft. Seepage Tile Field 75'
   Cess Pool _____ Sewer (non Cast iron) _____
   Privy _____ Sewer (Cast iron) _____
   Septic Tank 50' Barnyard _____
   Leaching Pit _____ Manure Pile _____
3. Is water from this well to be used for human consumption?
   Yes X No _____
4. Date well completed 9-8-78
5. Permanent Pump Installed? Yes X No _____
   Manufacturer Barnes Type Submersible
   Capacity 10 gpm. Depth of setting 100 ft.
6. Well Top Sealed? Yes X No _____
7. Pitless Adaptor Installed? Yes X No _____
8. Well Disinfected? Yes X No _____
9. Water Sample Submitted? Yes _____ No X

REMARKS:

IDPH 4.065
10-72
KNB-1

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Pat McAndrew Well No. 1
    Address Lot #59 - 191st and Wolf Rd.
    Driller Charles Fykes License No. 23
11. Permit No. 76152 Date 6-27-78
12. Water from Limestone (Formation) 13. County Will
    at depth 56 to 150 ft. Sec. 7-12
14. Screen: Diam. _____ in. Twp. 35N
    Length: _____ ft. Slot _____ Rge. 12E
    Elev. _____



SHOW LOCATION IN SECTION PLAT
Lot 59, SW corner

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5"	A-53 15 lbs.	0'	57'

16. Size Hole below casing: 5 in.
17. Static level 45 ft. below casing top which is +1 ft. above ground level. Pumping level 75 ft. when pumping at 10 gpm for 1 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Clay	18'	18'
Gravel	38'	56'
Limestone	89'	145'

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Charles Fykes DATE Dec. 26, 1978

State Copy — Ill. Dept. of Public Health
Yellow Copy — Well Contractor
Blue Copy — Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, ROOM 616, STATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS, 62706. DO NOT DETACH GEOLOGICAL / WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug ____. Bored ____. Hole Diam. 5 in. Depth 120 ft.
   Curb material ____. Buried Slab: Yes ____ No ____
   b. Driven ____. Drive Pipe Diam. ____ in. Depth ____ ft.
   c. Drilled X. Finished in Drift ____. In Rock X.
   Tubular ____. Gravel Packed ____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)
Cuttings		

2. Distance to Nearest:
   Building ____ Ft. Seepage Tile Field ____
   Cess Pool ____ Sewer (non Cast iron) ____
   Privy ____ Sewer (Cast iron) ____
   Septic Tank ____ Barnyard ____
   Leaching Pit ____ Manure Pile ____
3. Is water from this well to be used for human consumption?
   Yes X No ____
4. Date well completed 7-6-73
5. Permanent Pump Installed? Yes X No ____
   Manufacturer Barnes Type Subm
   Capacity 20 gpm. Depth of setting 75 ft.
6. Well Top Sealed? Yes X No ____
7. Pitless Adaptor Installed? Yes X No ____
8. Well Disinfected? Yes X No ____
9. Water Sample Submitted? Yes ____ No X

REMARKS:
Owner instructed.

IDPH 4.065
10/68

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner John Loksander + Son Well No. ____
    Address Mokena, Ill.
    Driller Kerr Paul License No. 10329
11. Permit No. 22797 Date 4-24-73
12. Water from Limestone (Formation) 13. County Will
    at depth 60 to 120 ft. Sec. 18
14. Screen: Diam. ____ in. Twp. 35N
    Length: ____ ft. Slot ____ Rge. 12E
    Elev. ____
15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	GALV 15 lb	0	68

SHOW LOCATION IN SECTION PLAT
Lot 20 Brightwood Sub NE

16. Size Hole below casing: 5 in.
17. Static level 60 ft. below casing top which is 1 ft. above ground level. Pumping level 75 ft. when pumping at 20 gpm for 4 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Overburden	0	68
Rock formation	68	120

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED [signature] DATE 7-13-73

White Copy – Ill. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, BUREAU OF ENVIRONMENTAL HEALTH, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62701. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug ____. Bored ____. Hole Diam. 5 in. Depth 165 ft.
   Curb material ____. Buried Slab: Yes ____ No ____
   b. Driven ____. Drive Pipe Diam. 5 in. Depth 61 ft.
   c. Drilled X. Finished in Drift ____. In Rock X.
   Tubular ____. Gravel Packed ____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

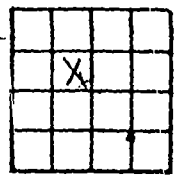
2. Distance to Nearest:
   Building 30 Ft. Seepage Tile Field 75'
   Cess Pool ____ Sewer (non Cast iron) ____
   Privy ____ Sewer (Cast iron) ____
   Septic Tank 50' Barnyard ____
   Leaching Pit ____ Manure Pile ____
3. Is water from this well to be used for human consumption?
   Yes X No ____
4. Date well completed 7-17-75
5. Permanent Pump Installed? Yes X No ____
   Manufacturer Barnes Type Submersible
   Capacity 10 gpm. Depth of setting 80 ft.
6. Well Top Sealed? Yes X No ____
7. Pitless Adaptor Installed? Yes X No ____
8. Well Disinfected? Yes X No ____
9. Water Sample Submitted? Yes ____ No X

REMARKS:

IDPH 4.065
10-72
KNB-1

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Fred Thompson, Jr. Well No. 1
    Address Wolf Rd. Frankfort
    Driller Charles Fykes License No. 23
11. Permit No. 37588 Date 5-12-75
12. Water from Limestone Formation
    at depth 61 to 165 ft.
13. County Will
    Sec. 31E
    Twp. 35N
    Rge. 12E
    Elev. ____
14. Screen: Diam. ____ in.
    Length: ____ ft. Slot ____



SHOW LOCATION IN SECTION PLAT
SE SE NW

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	A-53 15 lbs	0	61

16. Size Hole below casing: 5 in.
17. Static level 50 ft. below casing top which is +1 ft. above ground level. Pumping level 60 ft. when pumping at 10 gpm for 1 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Top Soil	2	2
Sand	18	20
Clay	20	40
Gravel	21	61
Limestone	104	165

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Charles Fykes DATE 12-5-79

White Copy – Ill. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug____. Bored____. Hole Diam. 5 in. Depth 150 ft.
   Curb material _____. Buried Slab: Yes_____ No_____
   b. Driven_____. Drive Pipe Diam. 5 in. Depth 40 ft.
   c. Drilled X. Finished in Drift_____. In Rock X.
   Tubular_____. Gravel Packed_____.
   d. Grout:

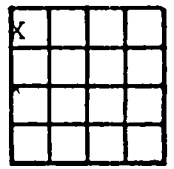
(KIND)	FROM (Ft.)	TO (Ft.)
Cement	-5	40'

2. Distance to Nearest:
   Building 25 Ft. — Seepage Tile Field 75'
   Cess Pool_____ — Sewer (non Cast iron)_____
   Privy_____ — Sewer (Cast iron)_____
   Septic Tank 50' — Barnyard_____
   Leaching Pit_____ — Manure Pile_____
3. Well furnishes water for human consumption? Yes X No_____
4. Date well completed 5-21-81
5. Permanent Pump Installed? Yes X Date 5-23-81 No_____
   Manufacturer Weltro Type Subm. Location Well
   Capacity 12 gpm. Depth of Setting 100 Ft.
6. Well Top Sealed? Yes X No_____ Type Vermin-Proof (Wms.)
7. Pitless Adapter Installed? Yes X No_____
   Manufacturer Williams Model Number 501-TC
   How attached to casing? Compression Gasket Connection
8. Well Disinfected? Yes X No_____
9. Pump and Equipment Disinfected? Yes X No_____
10. Pressure Tank Size 42 gal. Type #202
    Location Under Ground
11. Water Sample Submitted? Yes_____ No X

REMARKS:

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Jim Meader Well No. 1
    Address Farrell Rd.
    Driller Charles Fykes License No. 23
11. Permit No. 99703 Date 5-14-81
12. Water from Limestone (Formation) 13. County Will
    at depth 85 to 150 ft. Sec. 30
    14. Screen: Diam._____in. Twp. 36N
    Length:_____ft. Slot_____ Rge. 11E
    Elev._____



SHOW LOCATION IN SECTION PLAT
NW NW SW

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	Schedule 40 PVC	0	40
	1120-NSF 2.87 lbs.		

16. Size Hole below casing: 5 in.
17. Static level 50 ft. below casing top which is +1 ft. above ground level. Pumping level 80 ft. when pumping at 12 gpm for 1 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Top Soil	3'	3'
Clay	22'	25'
Gray Limestone	60'	85'
White Limestone	65'	150'

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Charles Fykes DATE 2-16-83

IDPH 4.065
1/74 – KNB-1

White Copy – Ill. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug ____. Bored ____. Hole Diam. 5 in. Depth ____ ft.
   Curb material ____. Buried Slab: Yes ____ No ____
   b. Driven ____. Drive Pipe Diam. ____ in. Depth ____ ft.
   c. Drilled X. Finished in Drift ____. In Rock ____.
   Tubular ____. Gravel Packed ____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)
	0	50

2. Distance to Nearest:
   Building 25 Ft. Seepage Tile Field 75
   Cess Pool ____ Sewer (non Cast iron) ____
   Privy ____ Sewer (Cast iron) ____
   Septic Tank ____ Barnyard ____
   Leaching Pit ____ Manure Pile ____
3. Well furnishes water for human consumption? Yes X No ____
4. Date well completed 5-3-88
5. Permanent Pump Installed? Yes X Date ____ No ____
   Manufacturer ____ Type ____ Location Well
   Capacity 10 gpm. Depth of Setting 50' Ft.
6. Well Top Sealed? Yes X No ____ Type Williams
7. Pitless Adapter Installed? Yes X No ____
   Manufacturer Bakie Model Number ____
   How attached to casing? Locknut
8. Well Disinfected? Yes X No ____
9. Pump and Equipment Disinfected? Yes X No ____
10. Pressure Tank Size ____ gal. Type ____
    Location ____
11. Water Sample Submitted? Yes ____ No X

REMARKS:

Owner instructed & take sample.

Co # 30331

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Rio-Rac Const. Well No. ____
    Address P.O Box 667 Lemont, Ill.
    Driller Rod Willenbrock License No. 102-002076
11. Permit No. 367 Date 2-29-88
12. Water from Limestone Formation 13. County Will
    at depth ____ to ____ ft.
14. Screen: Diam. ____ in.
    Length: ____ ft. Slot ____
    Sec. 31.13
    Twp. 36.N
    Rge. 11E
    Elev. ____

SHOW LOCATION IN SECTION PLAT
NE SE NE

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	Black Steel	0	50

16. Size Hole below casing: 5 in.
17. Static level 39 ft. below casing top which is 1 ft. above ground level. Pumping level 50 ft. when pumping at 10 gpm for 4 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Clay	35	35
Gravel	14	49
Limestone	41	90
Green Lime	10	100

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Rod Willenbrock (Driller) DATE 5-5-88

IDPH 4.065
1/74 – KNB-1